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ABSTRACT

This curriculum guide responds to the need for Acquired Immune Deficiency Syndrome (AIDS) information that is correct, developmentally appropriate, culturally sensitive, and morally consistent with Gospel values. The intended uses are described to be in Catholic schools and catechetical programs. A section providing orientation for teachers and parents in a Catholic setting discusses the moral context for AIDS and summarizes medical information about AIDS. Basic considerations for the teacher are discussed; a chart lists 55 AIDS-related learning objectives in the areas of Christian response, basic information, and transmission and prevention information, and classifies them by lesson and grade numbers. Forty lesson outlines for kindergarten through grade 12 are provided. Lesson outlines include objectives, an overview, basic information and vocabulary, suggested materials, teaching and learning activities, and closure. Sample transparencies and handouts are included. Four articles used in lessons by Pope John Paul II, Cardinal Basil Hume, Cardinal Joseph Bernadin, and the Bishops of the California Catholic Conference are presented. A glossary of terms is included. (ABL)

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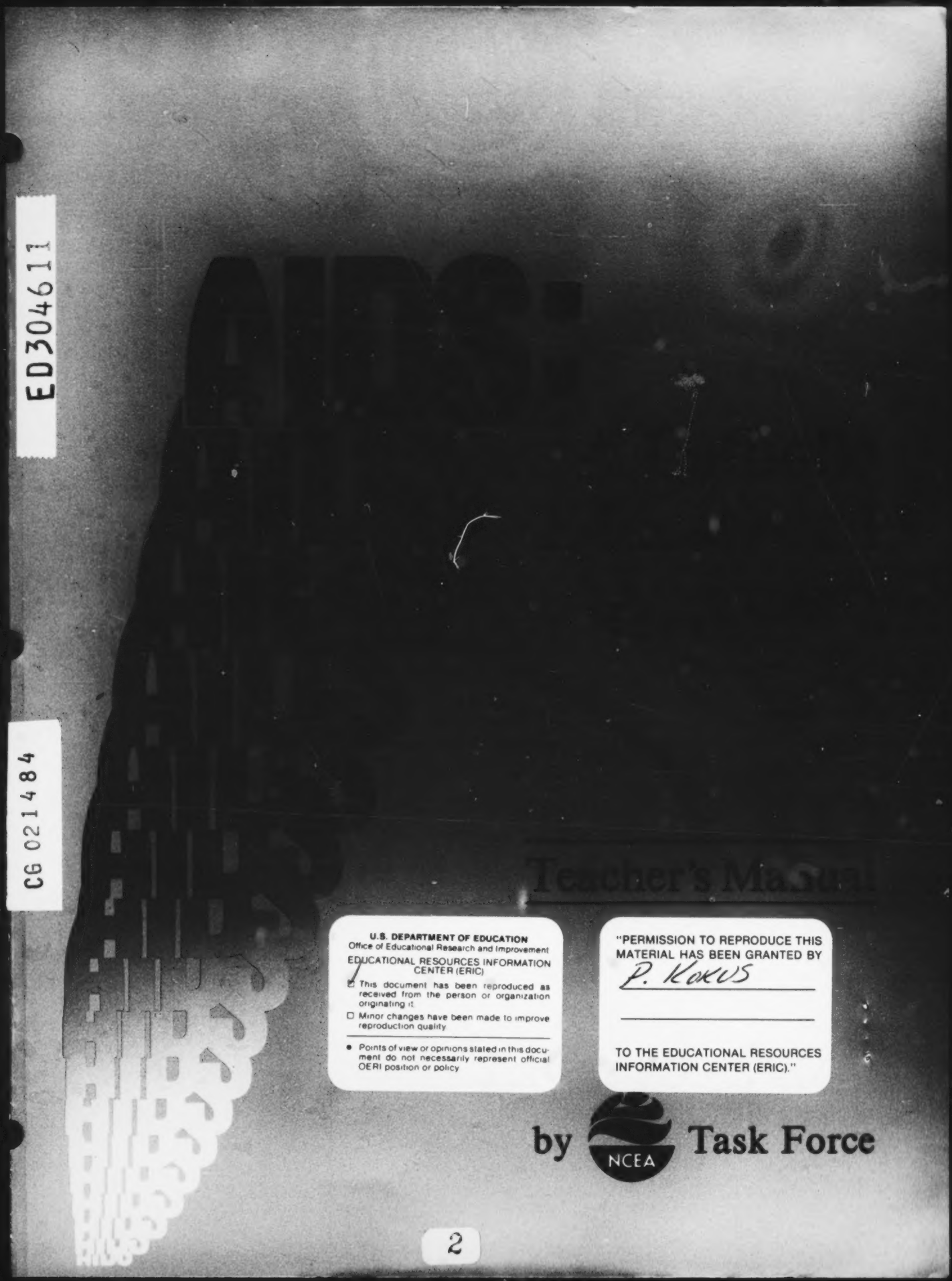

Teacher's Manual

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by NCEA Task Force

AIDS:
A Catholic Educational Approach

Teacher's Manual

by the NCEA AIDS Education Task Force

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Preface

AIDS offers Catholic educators many opportunities to place this health threat within a context that reaffirms our moral tradition, attests that our moral vision can be lived, and respects the distinctive role of parents.

As Chairman of the NCEA Board of Directors, I am pleased to introduce this *Teacher's Manual* and the accompanying *Leader's Guide*. This material offers a holistic, integrated approach to AIDS education. It is permeated with Gospel values and Church teaching regarding human dignity, human sexuality, and human responsibility in the face of the AIDS crisis.

Used in accord with arch/diocesan policies and adapted to meet local needs, *AIDS: A Catholic Educational Approach* brings to the AIDS topic understanding, compassion, confidence, and a Christian spirit of hope.

+ James W. Malone
Bishop of Youngstown
Chairman, NCEA Board of Directors

Acknowledgements

This AIDS Education project began, faced with two facts:

1. AIDS education — with its moral and health dimensions — is urgent;
2. unanimity on every area of such a sensitive issue is probably impossible.

Because of the urgency, this publication has proceeded. The NCEA Task Force has tried painstakingly to treat each issue as accurately and sensitively as possible, to integrate Catholic tradition and current health information within sound educational materials.

This publication is available because of the efforts of many. Sincere gratitude is extended to the following:

Most Rev. John R. Roach, DD, Chairman of the NCEA Board of Directors (1984-88), and Most Rev. James W. Malone, DD, current NCEA Board Chairman, for their assistance throughout this project;

Catherine McNamee, CSJ, president of NCEA, for her continued support;

the NCEA Secondary Schools Executive Committee who in 1985 resolved unanimously to call the entire association to respond to the need for AIDS education;

the NCEA executive staff who recognized the need, secured departmental representation, and assisted in varying ways;

Judith Coreil, MSC, who served as NCEA staff liaison;

the non-staff members of the NCEA Task Force who contributed extensive time and work on a voluntary basis;

the diocesan offices in Dallas, Jefferson City, San Francisco, and Scranton as well as Loyola University of Chicago School of Nursing who permitted the involvement of Task Force members;

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the hundreds of educators, theologians, parents, bishops, and others who spent many hours reviewing the various drafts of this publication;

the generous support of Mr. Edward J. Piszek, Philadelphia businessman and president of the Copernicus Foundation.

Many materials supporting this publication are in the public domain. Special acknowledgement is hereby given for content adapted from the Catholic AIDS educational materials of Australia and for the articles by Pope John Paul II, Cardinal Basil Hume, Cardinal Joseph Bernardin, and the bishops of the California Catholic Conference. If any credit has been omitted, it will — upon notification — be included in any future revision.

Knowledge about AIDS is continually evolving, experience with AIDS education is increasing, and the pool of resources is expanding rapidly. For that reason the annotated list of resources in the *Leader's Guide* will be supplemented with a continuing NCEA resource bank on AIDS education. Users are invited to suggest additional resources and to evaluate these materials; a Resource Assessment Form follows the resources in the *Leader's Guide*.

The final word of thanks is reserved for all who will contribute to this continuing effort toward AIDS education within the Catholic tradition.

The Editor

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1 Purpose of Publication

The eruption of AIDS (Acquired Immune Deficiency Syndrome) has created a profound social, moral, and medical crisis which has been felt in virtually every facet of society. Some of its most tragic effects are the conflicts it occasions within families, neighborhoods, and church communities.

Need for AIDS Education

Because at the present time no vaccine or cure exists, education is the only avenue that responsible people can take to prevent the spread of AIDS.

As an association of Catholic educators, the National Catholic Educational Association (NCEA) has an unavoidable responsibility to assist with education in the face of the AIDS crisis. Indifference to the issues raised by the epidemic would be inexcusable.

Although "AIDS" is used in its title, this publication is not limited to the later stages of ARC and AIDS. As recommended by the U.S. Presidential Commission (1988), this educational program focuses on the entire spectrum of the Human Immunodeficiency Virus (HIV).

Need for Total Christian Context

NCEA has always believed that total education involves more than presenting information; it is a complex dynamic of communication between committed, professional educators and students that also fosters the development of a mature conscience and the deepening of a life of faith.

With the Church, NCEA is attempting to integrate AIDS education within a Scriptural and ecclesial vision. Furthermore, NCEA recognizes the rights of children and adults to information and formation that is correct, developmentally appropriate, culturally sensitive, and morally consistent with Gospel values.

AIDS: A Catholic Educational Approach is one response to these needs. The suggested lessons are designed for use in Catholic schools as well as in parish catechetical programs. The orientation material can be used — not only with teachers and parents — but also with parish and school administrators, catechists, board members, and parishioners at large.

Many AIDS publications are brief; they deal only with the facts. This publication is much larger because it also strives gradually to develop attitudes, values, and skills through a planned sequence of learning opportunities.

Need for Local Adaptation

The availability of this material reflects the role of NCEA, a membership organization that provides information and services to member schools, colleges, and religious education programs. It does not set policy for these institutions, nor does it propose one curriculum for all settings.

Policy and curriculum are determined on arch/diocesan and local levels with guidance from the National Conference of Catholic Bishops (NCCB). For that reason, the specific arch/diocese, parish, and educational situation as well as any forthcoming direction from the NCCB will guide the selection and adaptation of this material.

Specific lessons — with suggested presentations, activities, transparency masters, and handouts — are included at the request of teachers who wish to know precise terminology and appropriate levels of information for varied ages of students. The local teachers, clergy, and parent representatives can best judge the most appropriate grade level for each learning objective and any needed adaptation within the materials.

A companion *Leader's Guide* includes considerations for implementing AIDS education, ideas for preparing the teachers' inservice program, and suggestions for planning a parents' session as well as information about AIDS curriculum resources.

Need for Additional Education

This AIDS education curriculum addresses primarily the issue of HIV infection. It does not replace a comprehensive program of education in human sexuality which teaches the Church's position on related issues. Nor does this material replace a total program of drug education. Rather this curriculum relies upon and underscores the importance of such programs.

AIDS: A Catholic Educational Approach is only one part of NCEA's response to the HIV epidemic. Also available are special convention sessions, sample policies, and information about related resources — all designed as part of the Catholic educational approach to the national and global hazard of AIDS.

2 Orientation for Teachers and Parents in a Catholic Setting

Education about Acquired Immune Deficiency Syndrome (AIDS) presents a major challenge to both parents and other educators. As isolated individuals, they can find the task overwhelming; with mutual support, they can address the challenge with confidence and hope.

Parents and professional educators need a common background about AIDS — both the moral and medical dimensions. This orientation can provide that common background through its two-part presentation:

- The Moral Context for AIDS
- A Summary of Medical Information about AIDS

The Moral Context for AIDS

In Catholic education, it is most important that information regarding AIDS be communicated within a religious and moral context. The development of faith and the fostering of moral discernment have their primary locus in the family. They draw on the rich traditions of Biblically-rooted prayer and the moral theology of the Catholic Church. Catholic educators have a role to play in introducing students to these traditions, but at the same time they are keenly sensitive to their dependence on and accountability to the family and to the broader community of the Church.

Within this perspective, the challenge of AIDS education for young children is to prepare them for a mature and responsible Christian life by helping to develop in them attitudes of respect, trust, self-discipline and self-esteem. The responsibility of those who teach adolescents is at once more complicated and more urgent because of the fact that AIDS is spread through sexual contact and intravenous drug use, two areas of young people's social environment that are dangerously enticing to them. Social confusion about sexual morality and the prevalence of drugs make the task especially difficult.

Catholic teachers and parents can help young people to understand how their moral choices and their actions affect their own welfare as well as the welfare of others. Parents and teachers can motivate young people to assume responsibility for their actions.

Compassion: A Life-giving Attitude

The Church, as a community of faith, shares in the experience and challenge of AIDS: "When one member suffers, all members suffer" (1 Cor. 12:26). Time and again the Church has suffered with persons who have endured the pain, debilitation, isolation, and death resulting from AIDS. At the same time, it has shared the trauma of family members, friends, and associates who have been devastated by the suffering and death of loved ones. From this community of faith, young people can learn a compassionate response for all suffering members, including those who suffer from the effects of AIDS.

Jesus was at once healer, reconciler, and teacher. He not only healed physical ailments, but also helped people to find peace in their hearts and to overcome alienation from the community. The words, the deeds, and the magnetism of Jesus brought diverse people together and challenged them to respect, love, and serve one another. This healing presence of Jesus Christ continues to shape the mission of the Church and to challenge its members.

Jesus' promise of eternal life to those who reach out to the suffering specifically includes visiting the sick (Matthew 25:36). In the early Church, the elders prayed over the sick, anointing them with oil in the Lord's name (James 5:14). In

This original 12" × 18" poster is available in color for a $10 donation from the Center for Attitudinal Healing, 19 Main St., Tiburon, CA 94920 (415) 435-5022. Reprinted with permission.

the Middle Ages, the primary mission of many religious orders was to minister to the needs of the sick, leaving the Church a heritage of healing. Responding to the needs of persons infected with the AIDS virus, Catholic women and men — lay and religious — continue this healing ministry today.

Calling Catholic health workers to meet the AIDS challenge, Pope John Paul II urged, "Besides your professional contribution and your human sensitivities toward all affected by this disease, you are called to show the love and compassion of Christ and his church" (Phoenix, Sept. 14, 1987). During his visit to San Francisco, John Paul II assured the group at Mission Dolores Basilica that God "loves those of you who are sick, those who are suffering from AIDS and from AIDS-related complex. . . .with an unconditional and everlasting love" (Sept. 17, 1987).

Chastity: A Moral Response Rooted in the Scriptures

The words of Deuteronomy, "I set before you life or death, blessing or curse. Choose life, then, that you and your descendants may live. . ." (30:19) expresses the Biblical vision at the heart of God's call to compassion. It expresses as well the moral truth at the core of the Church's traditional teaching on chastity. Sexuality is a fundamentally life-giving power within each person. But the gift of sexual energy can also be a source of selfishness, coercion, and exploitation. The virtue of chastity urges people to discipline and channel their sexual energy so that it finds expression in honest and generous relationships with others. Respect for oneself and for the other is at the heart of the Gospel call to life-giving relationships and is written into the natural law of healthy social conduct for all human beings.

An advantage of teaching chastity within the Catholic tradition is that it provides a moral vision, a foundation for hope. That vision portrays every person as graced, gifted, and unconditionally loved by God. A Catholic setting can reflect — by what is said to students and how they are treated — the reality that God is with them. It can reinforce the realization that parents, teachers, and the broader Christian community are vitally interested in their own well-being and in their life-giving relationships.

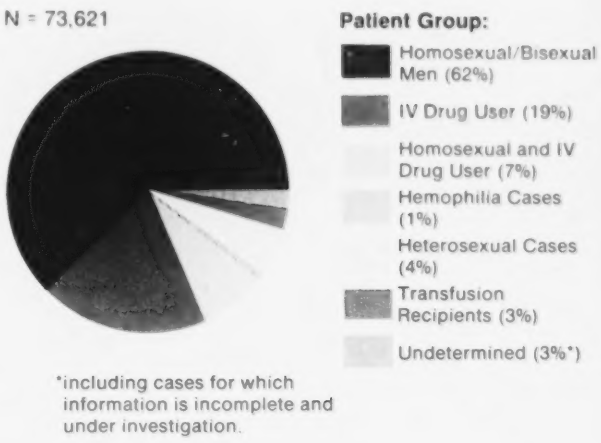
Making Moral Choices

The Catholic moral tradition has always represented individual persons as free, intelligent, and responsible for their actions. In the face of today's intense peer pressure, young people need to become convinced that they have the freedom, the ability, and the responsibility to make moral choices and to follow them. Although self-discipline is important at any time, the intensity of today's peer pressure — coupled with the AIDS threat — increases the urgency that young people develop the skill to act upon their moral choices.

Youth also need to develop a sound basis for making moral choices. The media, peers, and some adult celebrities often seem to be telling youth: "Everybody is doing it. Having sex makes you somebody. Sex is all you need. Who is to say what is right or wrong? Your feelings tell you what is OK for you!" Today's social propaganda tends to link sexual activity with status and sophistication.

In a world that incites sexual desire and encourages its immediate gratification, concern about the rights of others is often lacking. Living in a society of rapid change often precipitates a lack of stability, thereby influencing long-term commitment. An appreciation for committed fidelity is noticeably absent. In this milieu young people need both understanding and modeling of the moral truth expressed in both Scripture and tradition: sexual intimacy is a gift of God that expresses total self-giving in a permanent marriage commitment.

Reported Adult Cases of AIDS, by Transmission Category United States, 1981 to Oct. 3, 1988



*including cases for which information is incomplete and under investigation.

Source: U.S. Centers for Disease Control

The messages that young people hear about drug use from the adult community are in some ways even more confusing than the messages about sex. On the one hand, they hear a clear and unequivocal, "Just say NO to drugs!" On the other, adolescents observe many adults depending habitually on alcohol and over-the-counter drugs to manage their moods.

Even illegal drugs are all too available, and peer pressure to experiment with these substances is considerable. In addition, young people frequently encounter the myth that drug use is a recreational exercise with little or no harmful physical consequence. The tendency to deny the possibility of addiction is widespread. The abuse of alcoholic beverages — often illegally procured by teens — frequently accompanies drug abuse.

Only with consistent messages and constant moral support will it be possible for young people to resist illegal drugs. Drug abuse of any kind can make people more vulnerable to AIDS because it can compromise their decision-making capacity. Morever, drug abuse that develops into intravenous (IV) drug abuse increases considerably the risk of contracting AIDS because of the likelihood of sharing contaminated equipment.

Avoiding Discrimination

The sensitive and controversial issue of homosexuality cannot be avoided in AIDS education. The association of AIDS solely with homosexuality, however, is misleading. Teachers need to make clear that — although at present the largest number of persons with AIDS in the United States are from this community — AIDS is not "a homosexual disease," and homosexuality as such is not the source of the AIDS epidemic.

Some clarifications are essential. Homosexuality is a sexual orientation toward a person of the same sex. A person with such an orientation is called to live a full Christian life. The person has the same rights and dignity as anyone else. The Sacred Congregation ("On Pastoral Care of Homosexual Persons," 1986) demands respect for the persons involved:

> It is deplorable that homosexual persons have been and are the object of violent malice in speech or in action. Such treatment deserves condemnation from the Church's pastors wherever it occurs. It reveals a kind of disregard for others which endangers the most fundamental principles of a healthy society. The intrinsic dignity of each person must always be respected in word, in action and in law. (#10)

A clear distinction should be made between homosexual orientation and homosexual genital acts. The Church, reflecting Scripture and its moral tradition, clearly states that the moral norm for conjugal union is between husband and wife — a union that is self-giving and life-giving. According to that norm, homosexual acts — gay or lesbian — lack an essential finality and therefore are morally unacceptable.

Educators should not assume that all same-sex attractions in adolescence are indicative of a fundamental homosexual orientation. Nor can they assume that all of the students in their classroom will be able to locate themselves unambiguously within the heterosexual population. While holding up the heterosexual marital relationship as the moral norm, they need to show sensitivity to any young people who are struggling with a temporary attraction or a homosexual orientation.

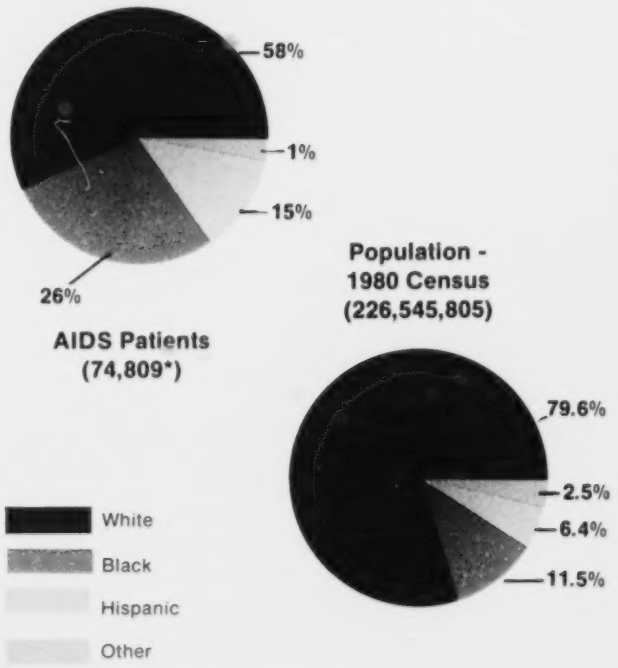
What is communicated in educational settings or in families can profoundly affect individual youths who are struggling to integrate their sexuality. All young people should find compassion, understanding, and acceptance of themselves as persons as they search for their sexual integration and its morally responsible expression.

Understanding Development of Young People

The urgent task of AIDS education is made easier when parents and teachers share a common understanding of the psychological and religious development of young people. Widely accepted theories of human development explain the growth of the child to maturity as a guided passage from dependence, self-centeredness, and isolation to self-sufficiency, generosity, and a capacity for intimacy. Parents and teachers recognize that this process, however it is described, needs to be encouraged and reinforced.

Spiritual development means that the young person freely chooses faith and commits himself or herself to life-long discipleship of Jesus. Development in sexuality (which is a distinct reality from sex) implies growth in the person's fundamental life-giving power; this growth is reflected in an individual's healthy relationships with others and with the total environment. Education regarding AIDS should occur within a context that recognizes these basic goals as well as the importance of adult modeling.

Comparison of U.S. AIDS Patients and the U.S. Population by Race/Ethnicity October 3, 1988



*includes 165 patients where race is not known

Source: U.S. Centers for Disease Control

Responsibility to Inform and Guide Students

Sex is a sensitive subject because it pertains to an area of life which people appropriately consider private; yet irresponsible sexual behavior has serious personal and social consequences. The use of drugs is no less sensitive. Teachers and parents have a crucial obligation to work together to help shape the young person's conscience regarding both sexual activity and drugs. As they prepare to talk with youth about AIDS, teachers and parents will have to examine their own attitudes about sex, drugs, and AIDS. How they regard these sensitive subjects is as important as what they say.

Teachers and parents need to collaborate so they reinforce the same attitudes and values. Because AIDS is a fatal condition which is most often spread by certain kinds of sexual behaviors, it is imperative that they present the necessary information with its personal, social, and moral implications in a way that is straightforward, clear, and comprehensive. Black and Hispanic communities have a special challenge: the percentage of black and Hispanic persons with AIDS far exceeds their proportion of the population. It is the responsibility of Catholic education to provide a setting for parental and teacher formation as well as cooperation for effective AIDS education.

A Summary of Medical Information about AIDS

In order to support the joint efforts of parents and teachers, this section summarizes the medical facts about AIDS (current at time of printing) with reference, where appropriate, to Catholic moral teaching.

Because of the complexity of issues surrounding AIDS and the rapidly developing knowledge base regarding AIDS, however, this section is not exhaustive. It is imperative that competent medical authorities be consulted about questions which are not fully addressed here. Local teams can be formed to collaborate on the medical-moral aspects of AIDS. Also agencies such as the public health department, the American Red Cross, a local Catholic hospital, local and national AIDS agencies and hotlines can be contacted for the most current information. The national AIDS Hotline is 1-800-342-AIDS or (Spanish) 1-800-344-SIDA.

Definition

A = Acquired
I = Immune
D = Deficiency
S = Syndrome

AIDS stands for Acquired (not inherited) Immune Deficiency (causing damage to the body's immune system) Syndrome (set of conditions and diseases). Scientists have given the name Human Immunodeficiency Virus (HIV) to the virus that causes AIDS. The term "HIV-positive" or "sero-positive" is applied to persons who test positive for the AIDS virus.

Effects of HIV

The AIDS virus attacks a person's immune system and damages his or her ability to fend off other diseases; it also causes neurological damage. The person becomes vulnerable to micro-organisms which cause life-threatening illnesses, such as some forms of pneumonia and cancer, or various forms of dementia. To date there is no known vaccine or cure for AIDS.

Transmission

The AIDS virus (HIV) can be spread only through the exchange of body fluids (i.e., blood, semen, vaginal secretions). This exchange happens chiefly during sexual contact and through the sharing of implements of illegal drugs — intravenous needles, syringes, cookers, and works — which can serve as reservoirs of HIV.

Prior to the systematic screening of blood, which began in the United States in March, 1985, some people who received transfusions were infected with HIV. At the present time, the risk of infection through a blood transfusion is extremely remote. The Centers for Disease Control estimate that a patient's chances of getting infected with the AIDS virus from a unit of transfused blood is about 1 in 100,000. By contrast, the average person's chance of getting killed in an auto accident in a year is about 1 in 5,000.

A small percentage of people with AIDS are hemophiliacs. People with this blood-clotting disorder became infected with the AIDS virus through blood transfusions or the use of clotting factors prior to the present testing program. Currently all blood clotting products used by hemophiliacs have been made from screened plasma and have been heated to destroy any HIV that might remain. The risk has been virtually eliminated.

No one risks infection by donating blood; all equipment that is utilized is new and sterile.

Casual Contact

AIDS is not transmitted by casual interpersonal contact. The AIDS virus is surprisingly fragile and easily destroyed by common household disinfectants such as a solution of one part bleach in ten parts of water. The AIDS virus is not airborne and does not survive outside the body. Saliva and

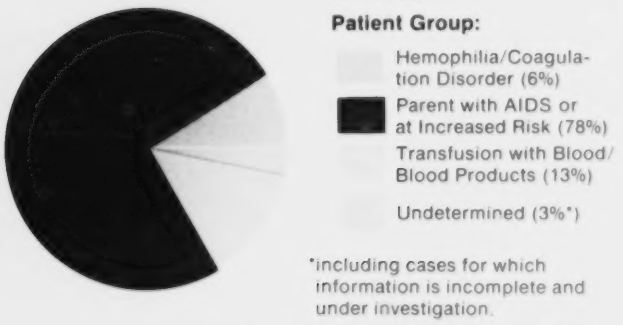
tears may contain minute amounts of the virus, but no cases of AIDS have been reported from contact with these fluids. Theoretically deep, open-mouth (i.e., "French") kissing could transmit HIV if there is direct exposure of mucous membranes to infected blood or saliva (e.g., through fever blisters, canker sores, or cuts from braces). No such cases have been documented.

These facts must be stressed repeatedly. Because the AIDS virus is not spread by casual contact, it is considered safe in most cases for children who are HIV-positive to attend school or other classes. The AIDS virus cannot be caught by touching an infected person or by sharing a drinking fountain, a glass, a Communion chalice, or a telephone.

Children and AIDS

As many as 1,088 American children under 13 years of age have been diagnosed with AIDS (as of 8/22/88). Of these children, 78% are offspring of mothers infected with the AIDS virus; these children were infected either during pregnancy or at birth. (The risk of HIV transmission from an infected mother to her infant is estimated at 30%-50%.) Many mothers of infected infants are drug users or the sexual partners of drug users. Any woman or teenager who engages in high risk behavior before she becomes pregnant jeopardizes her own health as well as the future health of her infant.

Pediatric AIDS:
Distribution by Transmission Category
October 3, 1988


N = 1188
Patient Group:
Hemophilia/Coagulation Disorder (6%)
Parent with AIDS or at Increased Risk (78%)
Transfusion with Blood/Blood Products (13%)
Undetermined (3%*)
*including cases for which information is incomplete and under investigation.

Source: U.S. Centers for Disease Control

Stages of Infection

Three stages of infection have been identified:

1. Asymptomatic

It is possible to be infected with the virus and have no related physical symptoms. The Centers for Disease Control estimate that the incubation period between HIV infection and symptoms is 3 to 5 years or more. This silent stage is dangerous because a person can unknowingly spread the virus by sexual intercourse or intravenous drug abuse.

2. ARC

Symptoms of early infection, AIDS-Related Complex (ARC), may include fever, night sweats, diarrhea, unexplained weight loss, chronic fatigue, swollen lymph glands, skin rashes, lack of resistance to infection, memory loss, depression, partial paralysis, and loss of coordination.

3. AIDS

Developing an opportunistic infection (such as pneumocystis carinii pneumonia) or an AIDS-related cancer (such as Kaposi's sarcoma), indicates a full-blown AIDS infection and signals that the body's immune system is seriously impaired. These infections may eventually cause death, generally within two years.

A graphic presentation of the three stages appears at the top of page 8.

Testing

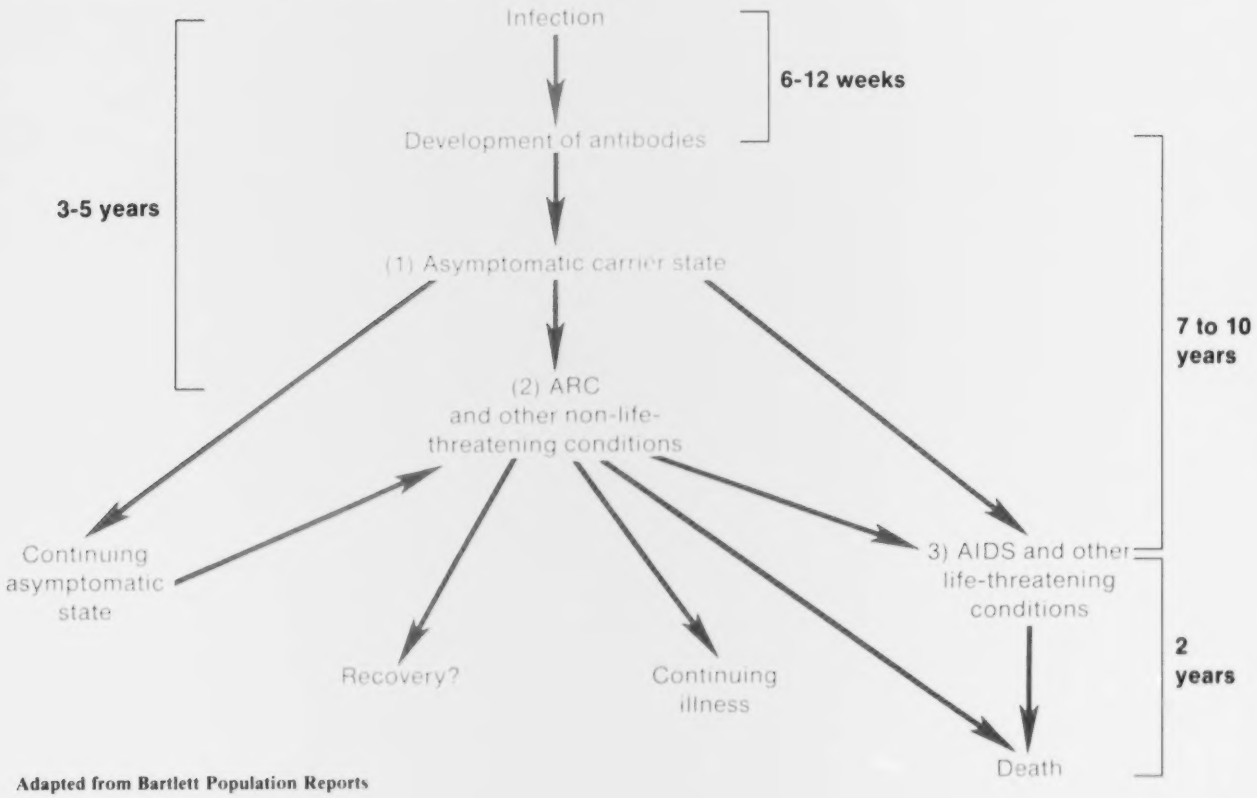
The presence of the AIDS virus in the body can be detected indirectly by a blood test which reveals the existence of an antibody for the virus; the person being tested should be aware, however, that the body needs reaction time to produce the antibody. The antibody will not appear on a test for six to twelve weeks; it may not appear for six months to a year. For that reason, someone who is in fact carrying the AIDS virus may test negative at an early stage of infection. In addition, anyone undergoing testing should be aware of an occasional "false positive" reading; to be sure the reading is truly positive, additional testing is performed.

In addition to the most common test for the AIDS virus antibody, other analyses can be conducted. Persons who have engaged in high-risk behavior, before they undergo any form of testing, should understand that there are serious personal, social, and moral implications that attach to the result of their test, whether the result is positive or negative.

It is advisable, therefore, for persons who are tested to seek counseling before and after the test. The purpose of pre-test counseling is to explain the test itself and to determine, if possible, what kind of risk the persons have encountered. Test-related counseling also gives health professionals the opportunity to reinforce the idea that a negative test does not offer anyone a license to take chances.

Persons who test positive for the virus will need extensive counseling as well as follow-up support to cope with the potentially devastating news. They also have to understand that they have a responsibility not to infect others and to tell those with whom they have had sexual contact or exchanged needles that they too may be infected with HIV. Many communities have support groups for people who are HIV-

NATURAL HISTORY OF INFECTION WITH HIV



Adapted from Bartlett Population Reports

positive. All concerned persons should learn about any existing local support groups in case they need to put someone in touch with one of these groups. They also need to place a strong emphasis on confidentiality.

Prevention

Since the most common ways to spread the AIDS virus are by sharing illegal IV drug needles and by promiscuous sexual behavior, the best protection against AIDS is to avoid these behaviors. Although the initial cases of AIDS were reported in the homosexual (gay) community, AIDS is not limited only to homosexuals. Heterosexual (straight) men and women can also contract the condition. Anyone can get AIDS who engages in "high risk behavior," that is, who shares the same needle, syringe, or other illegal drug equipment with an infected person or who engages in intimate sexual behavior with an infected person.

During vaginal intercourse as well as in oral-genital or anal sexual activity, the AIDS virus can pass from the infected person into the blood stream of his or her sexual partner. Semen, vaginal fluid, and blood can transmit the virus from one person to the other.

During vaginal intercourse the virus can pass from an infected male to a female through his semen. The virus seems to pass more easily from the male to the female, although women can also transmit the virus to men through vaginal fluid.

During oral-genital sex there is the possibility that the virus can be transmitted, e.g., through semen entering small tears in the mucous membrane. During anal intercourse — which is physically abusive and can severely damage the tissue — the virus can pass into the body through even small, invisible tears in anal tissue or on the penis. Even apart from the AIDS danger, anal sex can lead easily to other infections.

While touches and kisses are part of the preparation for intimate sexual activity and may include various parts of the body of the man or the woman, couples are called to full conjugal union. Thus neither oral-genital nor anal sexual activity can substitute for the mutual self-giving and human procreation allowed through vaginal intercourse.

Risk Avoidance

The "Just say no" approach to discouraging young people from using drugs has to be supplemented with strong personal support by family and community. The enslaving effects of addiction make avoidance of drugs altogether the best defense against infection by HIV-contaminated needles and syringes.

Because sexual contact is the most common way that people can get AIDS, many health educators have been promoting so-called "safe sex." To better reflect the reality, some now refer to "safer sex." Actually, according to public health experts, only two kinds of behavior are genuinely safe: (1) abstaining from sex altogether, and (2) restricting one's sexual activity to a faithful, monogamous relationship (only one continuing sexual partner) with a person known to be free of the virus. By identifying these behaviors, public health officials in effect affirm the basic sexual ethic within Catholic moral tradition; the Church has always reserved genital activity for faithful married life.

As previously noted, the Catholic tradition locates genital sexual expression within the context of mutual self-giving in marriage and the generation of new life. What gives moral and human meaning to intimate sexual expression is the fact that it is an expression of faithful love between two people. As such it is a way to deepen their mutual love and normally to express it further in the founding of a family.

Within this perspective, intimate sexual contact does not make sense prior to the time when two people are ready for a faithful marriage relationship and the eventual creation of a family. Extramarital sexual activity not only lacks a faithful bond, but also can wreak havoc within existing marriage relationships and destroy families.

Promiscuity

Students need to know that any promiscuous sexual behavior is morally compromising because by definition it is lacking in commitment. All students also need to know that promiscuous sex puts them at very high risk of contracting AIDS.

Catholic educators and parents can help young people manage their sexual lives responsibly by making sure they understand why the Church urges abstinence from intimate sexual contact outside marriage. They can make sure that young people have the motivation as well as the information they need to protect themselves and others from getting AIDS.

Statistics on teenage sexual activity indicate that by age 19, three-quarters of all boys and almost two-thirds of all girls have already been sexually active. Significant proportions of the teen population have also been infected by sexually transmitted diseases such as syphilis and gonorrhea. The high teen pregnancy rate testifies further to the numbers of young people who are sexually active.

The students in Catholic educational programs also experience pressures which can undermine their ability to manage their sexual relationships even as they try to live the life of chastity taught by Jesus and presented by Catholic teaching.

The threat of AIDS gives them a very serious additional reason to delay genital sexual expression until the time when they are prepared to commit themselves to one partner in marriage. They need the help of teachers and parents to develop and sustain a chaste sexual life-style that is essentially counter-cultural at the present time.

Adding Truth to Advertising

With young people who are highly tuned to the media, pretending that condoms do not exist can undermine the credibility of an AIDS education program. An advertising campaign has reached virtually everyone in the United States, which gives the false impression that condoms allow promiscuous behavior without risk. The fact is that intact latex condoms which are properly used over a man's penis throughout intercourse may provide some barrier to HIV contamination by an infected partner. Another important fact — not emphasized in advertisements — is that even when in good condition and used properly, the failure rate of condoms can reach about 20%. Some research shows that condom failure based on several factors can range from 3% to 65%.

The Church's opposition to condoms is not based on their limited effectiveness. It is based rather on principle. The Church has always held that the maximum physical expression of married love is sexual intercourse which expresses the couple's marital love and is open to procreation, using no barriers to conception (such as condoms). Outside of marriage, the recommendation of condoms would implicitly condone sex between unmarried heterosexuals as well as between homosexuals. The Church fosters the belief that persons are capable of living the Christian vision of human love and responsibility within marriage as well as the radical ideal of self-discipline which is needed in every state of life.

An article in *L'Osservatore Romano* (March 10, 1988) presented the concept this way:

> Ethics does not recommend the practice of virtue in order to avoid disease — medicine can do that — but it recommends virtue because chastity, marital fidelity, dominion over oneself and self-control — not mere repression — of the different impulses are the only ways in conformity with the dignity of the person capable of leading the person to a more complete and balanced development and a greater happiness.
>
> (Translated by NC News Service)

Those who give any facts about condoms need to reflect within their explanation the following: 1) the facts need to be presented in a context of values and morality; 2) the presenter is not recommending condoms, but giving information to correct some false impressions that may result from current advertising; 3) the most reliable and the only morally correct ways to prevent the spread of AIDS are abstinence outside of marriage and fidelity within marriage along with the refusal to abuse intravenous drugs.

The United States Bishops in their statement on school-based clinics emphasize the importance of consistent

teaching for the moral education of young people: "Programs which promote contraceptives in the cause of 'safe' or 'safer' sex, or which place such practices on the same level as marital fidelity, abstinence and the avoidance of promiscuous sexual behavior, will inevitably weaken and distort the message that teenagers urgently need to hear." ("Statement on School-Based Clinics," November 18, 1987)

Modeling Justice and Compassion through Institutions

People diagnosed with AIDS should be treated with both compassion and social justice. The obligation goes beyond interpersonal relationships to the establishment of just policies and procedures accompanied by the institutional mechanisms to implement them.

Many documents by U.S. Catholic Bishops set forth clear guidelines for responding appropriately to the needs of both children and adults who are dealing with a diagnosis of AIDS. Certainly a challenge is presented to thoughtful Christians, one which encourages individual and institutional decision-making that supports the person living with HIV infection.

In addition, the Surgeon General of the United States and many national organizations have issued statements that offer specific advice on responding effectively to the student or employee with HIV infection. What follows is a brief summary of these guidelines.

Children diagnosed with AIDS should be allowed to attend school and other classes. The risk of transmission of the AIDS virus to other students is remote. A possible exception might be children with HIV infection who have clinical bleeding disorders. No cases of a child with AIDS infecting another child have been identified in schools or day care settings.

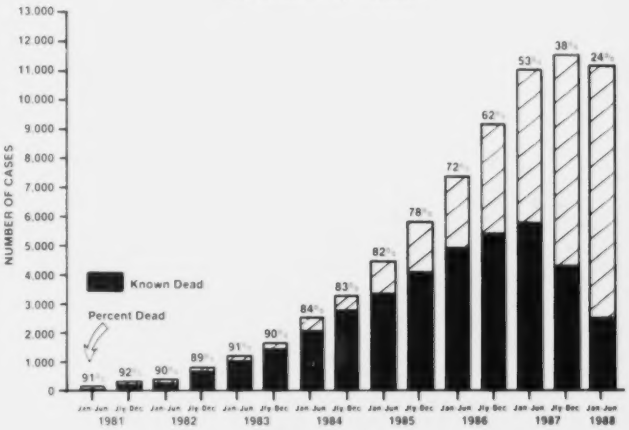
There is legitimate concern, however, for the child with AIDS, who is extremely susceptible to infections like chicken pox and measles. The Surgeon General encourages school boards to adopt policies which can be individualized for each child infected with the AIDS virus. Decisions regarding class attendance should be made collaboratively with great concern for confidentiality.

In Catholic settings, the decision-making process may involve persons such as the diocesan superintendent or director of education, the principal or religious education coordinator, the pastor, the student's parents and physician, a public health official. The Centers for Disease Control, the American Academy of Pediatrics, and many dioceses, school districts, and local institutions have issued attendance guidelines for a student with AIDS or ARC.

Catholic education groups are also charged with providing adequate AIDS education for their teachers and any auxiliary personnel. This must happen before teachers can begin to instruct their students about AIDS. Involving parents in the initial planning and in preliminary AIDS education encourages parental cooperation and understanding of the vital need for AIDS education.

Schools and other educational programs are charged with more than developing policy guidelines for educating children with AIDS and educating their staffs and students about AIDS. They must also formulate humane, rational policies for teachers and other staff who may develop AIDS. The Surgeon General suggests that employees with HIV infection be treated as any other employee with a chronic illness. Recent legal decisions support the teacher's right to continue teaching even though infected with the AIDS virus. The U.S. Presidential Commission (1988) concludes and many U.S. bishops recommend that employees with AIDS should work as long as they are able. Health insurance and other benefits should continue when the employee becomes incapacitated.

Reported Cases of AIDS and Case-Fatality Rates By Half Year of Diagnosis, United States October 3, 1988



Source: U.S. Centers for Disease Control

Conclusion

Addressing AIDS in the educational setting undoubtedly poses difficult moral, social, and public health questions. How a community gives concrete expression to the values discussed above will be conditioned by the needs of the particular community and the quality of its leadership.

Lacking a cure or vaccine, education is the only defense against AIDS. Comprehensive AIDS education has to (1) place AIDS within a moral context, (2) impart accurate medical information, (3) develop responsibility for personal choices and actions, (4) overcome discrimination, (5) foster the kind of compassion which Jesus showed to the sick, and (6) model justice and compassion through policies and procedures.

This major challenge can be addressed with confidence and hope when parents and professional educators share a common background and educational goals.

3 Teachers' Materials

Basic Considerations for the Teacher

This curriculum is designed to fight both the deadly AIDS epidemic itself and the fear that surrounds it. Both battles can be won by educating today's children and youth — the most precious of the world's resources. These suggested lessons build upon and further develop in each student a healthy self concept, a deep appreciation of Christian values as well as the traditional teaching of the Church, and important life skills — particularly communication, decision making, and assertiveness.

Striving for Balance
In this educational process, the teacher must strike a delicate balance in instruction. First there must be a balance between what is already known about AIDS and what is not yet known because of the short history of the AIDS virus. Research has established some facts about transmission; the teacher will need to stay current with continuing research.

Second, AIDS and AIDS-related issues demand well balanced, sensitive, and thoughtful treatment. On the one hand, unfounded fears must be calmed. On the other, students must not think they are invulnerable to AIDS because they are neither homosexuals nor intravenous drug users.

Third, the teacher needs to be aware of related Gospel values and Church teaching as appropriate to the students' level of maturity. The teacher clearly presents or elicits the points, leaving theological debates to the theologians.

Fourth, the teacher remains aware of the partnership with parents, the first and foremost educators of their children. Catholic education's response to the need for AIDS education will build a foundation which can support moral and religious training in the home.

Setting the Climate
Classrooms with the most effective education about AIDS are those where an open and positive climate exists, where teachers and students are engaged daily in witnessing to the Gospel values of compassion, acceptance, dignity, love, and service. Teachers can contribute to that climate by always striving

to prepare lessons in a spirit of prayer and Scriptural reflection;

to reflect on their own attitudes regarding AIDS and to identify a positive personal value system;

to refuse to be judgmental and to continue developing a Christian compassionate response toward persons with AIDS;

to always approach the topic of AIDS within the framework of Scriptural values and Church teaching;

to present the material simply, at the appropriate level, using correct terminology;

to be gentle, understanding, and willing to assure confidentiality when requested;

to create an open and positive classroom climate where students are encouraged to ask questions;

to admit they may not know all the answers, but are willing to learn what students need to know;

to be supportive when needed;

to encourage students who seem disconcerted by the information to discuss AIDS with a counselor, doctor, their parents, a parish or school staff member;

to utilize knowledgeable resource persons whose views are consistent with Church tradition;

to be willing to help persons with AIDS and their families at school, at home;

to pray for persons with AIDS and share their faith with them;

to be role models to their students, reflecting the fact that everyone is created and loved by God.

Using the Materials
A scope and sequence chart of skills for kindergarten through twelfth grade is the basis of this curriculum. Some of the objectives are repetitive, with incremental development at different grade levels. This may give the appearance of an overwhelming amount of material to be covered.

Basically three lessons are designed for each grade level. Developed for use in either schools or religious education programs, these lessons can be taught as a special unit or integrated within a year's program. Within the Catholic school, one lesson may be taught in religion class, another in science, and a third in health or physical education.

If some content is similar to other programs currently in use

(e.g., drug education, family education), the lessons would be adapted accordingly. Parish religious educators will want to identify and omit any facts that are treated within the public school curriculum, emphasizing the elements of Christian response and moral decision making. Certain lessons for Grades 4 ff. assume previous education in human sexuality.

The lessons provided are only suggestions. They may not include everything needed in the local situation to meet the objectives. They may need to be adapted to reflect arch diocesan policies. Ideally, the faculty should plan together how this curriculum can be implemented most effectively in the school or program.

With only about three lessons a year, this material is obviously limited in scope. It assumes that much related knowledge, understanding, and skill is being or has been developed in the broader educational world of the student.

As in all curriculum areas, each teacher will need to consider previous learning, the needs of the students, their capabilities and levels of maturity, and the particular living situations and concerns of the local community. Teachers then can plan their strategies accordingly, select their resources, and include in each lesson a meaningful review of related concepts.

To assist teachers, the materials prepared for *each grade* begin with some background:

About the Student

Before preparing for any level, the teacher should consider the brief description of the student. The descriptions provided emphasize aspects that are pertinent to AIDS-related education.

To help teachers with accurate and appropriate materials, *each lesson* includes the following elements:

Lesson Objectives

A teacher should check the Scope and Sequence Chart to see whether students have (or should have) mastered any preliminary objectives. If they have experienced preparatory lessons, a moment skimming the prior lessons will help the teacher bridge more effectively to the new objectives. If the students do not seem familiar with the preparatory material, the teacher will be able to include the needed background with the current presentation.

Vocabulary

Words that the students may not clearly understand are listed to alert the teacher to student response when the words are used. The meanings of words in common usage are usually clear from the context of the lesson. For technical AIDS-related terms, teachers should become familiar with and use the glossary in the back of the publication. Teachers of younger students should be aware, however, that some lessons will specify simpler definitions which are more appropriate for young children.

Teaching/Learning Activities

The indented sections suggest how the teacher might present content to the students. Although few teachers will use the lines verbatim, the suggested "script" will give a clear example of how the content could be accurately and appropriately presented for the particular grade level.

Handouts and Transparencies

Ordinarily the suggested handouts and transparency masters follow the lesson to which they relate. These teaching aids carry the number of the lesson in which they first appear. At times an advanced lesson will suggest that an earlier transparency will be useful for review; in that case, the transparency master will be found with that numbered lesson; e.g., If Lesson # 37 suggests using Transparency # 23, the teacher would find that resource with Lesson # 23.

All of these materials are intended to assist the teachers until they develop confidence and ease in the area of AIDS education.

Scope and Sequence Chart of AIDS-Related Learning Objectives

Notes: 1. Each local educational setting should determine at what level each year's lessons should be used; e.g., Grade 6 lessons could be delayed till Grade 8 or could be advanced to Grade 5, depending on local needs.

2. Objectives are listed in three categories: Christian Response, Basic Information, Transmission and Prevention. Because of the integration of the Christian dimension throughout the lessons, however, the categories often overlap; e.g. Objective T-9 treats not only the AIDS-related risk involved with drug abuse, but also considers the morality of using illegal drugs. This is done to accustom students to consider all dimensions — moral and medical — in their decision making.

CHRISTIAN RESPONSE *The students will be able to*	# = Lesson Number treating objective												
	K	1	2	3	4	5	6	7	8	9	10	11	12
C- 1 understand that God created and loves all people: girls/boys, men/women, sick/well, etc.	#1												
C- 2 list ways in which they can help others who are sick.		#4											
C- 3 demonstrate an understanding of life as a gift and identify the responsibilities that result from that gift.			#7										
C- 4 understand and appreciate the importance of loving unselfishly and responsibly.					#14		#21		#28				
C- 5 identify with Jesus' compassion toward the sick as they express compassion toward persons with AIDS and other serious illnesses.						#17				#29			
C- 6 demonstrate an appreciation of God's unconditional love and relate that understanding to their own treatment of persons with AIDS and other serious illnesses.							#20						
C- 7 describe in accurate and sensitive terms what it is like to have AIDS.								#23					
C- 8 reflect on the pain of persons with AIDS and on the trauma experienced by their families.								#23					
C- 9 respond to any prejudice or alienation shown to persons with AIDS with a sense of conviction and compassion.								#23					
C-10 realize that every person has the right to care, comfort, and consolation when living or dying with AIDS.									#26				
C-11 recognize the responsibility of the living to care respectfully for the remains of the dead.									#26				
C-12 understand and appreciate that sexual activity and sexual intercourse have meaning and purpose only within a marriage commitment.							#21		#28		#34		
C-13 recognize the personal challenge as a Christian in responding to AIDS.										#29			
C-14 form their personal Christian response to problems facing society in regard to AIDS.										#31			

CHRISTIAN RESPONSE *(Continued)*	# = Lesson Number treating objective												
	K	1	2	3	4	5	6	7	8	9	10	11	12
C-15 discuss the human realities and suffering of a person with AIDS.											#32	#35	
C-16 articulate moral responsibility for actions based on Gospel values and Church teaching.											#32		
C-17 develop a sense of moral responsibility for their own actions.												#35	
C-18 explain the message of the bishops of the nation and / or their local bishops concerning AIDS.												#35	
C-19 understand and emulate Jesus' concern for the ill person regardless of the cause.													#38
C-20 participate in ministry to persons in need within their own communities — including any suffering with AIDS.													#38

BASIC INFORMATION *The students will be able to*	# = Lesson Number treating objective												
	K	1	2	3	4	5	6	7	8	9	10	11	12
B- 1 explain in simple terms the meaning of the word "contagious."			#8										
B- 2 clarify that AIDS — though communicable — is not caught through students' everyday activities or casual contact.				#10					#28				
B- 3 replace myths about AIDS with facts.				#10							#33		#39
B- 4 name three ways in which children can get AIDS.					#15								
B- 5 describe the body's immune system and its destruction by the AIDS virus.						#18		#25		#30			
B- 6 define homosexuality and related Church teaching.							#21		#28		#34		
B- 7 discuss the tests used to detect antibodies to the AIDS virus (HIV).								#24					
B- 8 explain that the origin of AIDS is unknown and that some hypotheses can impute blame unjustly.								#24					
B- 9 state that AIDS is technically not a specific disease but a syndrome or condition								#25					
B-10 explain the HIV infection and its three potential stages.									#27				
B-11 identify the signs and symptoms of ARC and AIDS.									#27				
B-12 apply critical thinking skills to AIDS-related issues which affect families, church and country.										#31			
B-13 explain that a person can feel and appear healthy and be a carrier of the AIDS virus (HIV).											#33		
B-14 distinguish that treatments, not cures, are currently available to persons with AIDS.											#33		
B-15 state the importance of supporting AIDS-related research.												#36	

TRANSMISSION AND PREVENTION *The students will be able to*	# = Lesson Number treating objective												
	K	1	2	3	4	5	6	7	8	9	10	11	12
T- 1 share from personal experience what it means to feel well and to feel sick.	#2												
T- 2 describe personal experiences with physical signs of affection and affirmation.	#3												
T- 3 identify ideas for playtime at school and at home as either "safe" or "dangerous."		#5											
T- 4 name significant adults with whom they can share secrets and important information.		#6											
T- 5 test criteria for evaluating behavior as good / bad, safe / dangerous, kind / selfish.			#9										
T- 6 perceive themselves as good persons who are capable of making good choices.				#11									
T- 7 list and explain specific rules and laws that promote health, safety, and wellness.				#12									
T- 8 give examples of refusal skills that can be used to say "no" to any risk behaviors.				#13		#19							
T- 9 articulate the morality of drug abuse and the risks involved in any use of unsterilized needles.					#16	#19			#28				
T-10 suggest ways to deal with peer pressure.					#16	#19	#22						
T-11 explain basic safety precautions related to emergency procedures.							#22			#30			
T-12 identify four ways the AIDS virus is transmitted and prevented.							#21		#28	#30		#37	
T-13 discuss Christian response and health hazards related to any experimentation with sex or drugs.							#22						
T-14 explain the morality and risk of AIDS involved in sexual intercourse outside of faithful marriage.									#28				
T-15 explain the morality and unadvertised risk of AIDS involved in using condoms.									#28		#34		
T-16 explain the remote risk involved in transfusion with infected blood or blood products.									#28				
T-17 explain the risk to the unborn child of an infected mother.									#28				
T-18 explain the morality and risk of AIDS involved with oral-genital or anal sexual activity.											#34		
T-19 develop their ability to communicate with others concerning the most common ways of transmitting and preventing AIDS.												#37	
T-20 apply refusal skills to situations they may encounter after graduation.													#40

The Kindergarten Child

Kindergarten children are full of wonder at all of life and have endless questions that spring from their natural curiosity. Children, at this stage, are centers of very small worlds that frequently consist of family members and a small circle of friends. Natural affection and trust of others will continue to develop if kindergarten children have experience, security, and affirmation.

These children have a natural curiosity about body parts. Parents and teachers should make every effort to create an environment where children are free to ask questions about life and their own bodies. This early experience of honesty and trust will set the stage for the children's life-long relationships with significant adults.

Five-year-olds are persons who

- are egocentric;
- are beginning to build a foundation for later concepts of good and bad, right and wrong;
- seek acceptance and affirmation of the significant adults in their lives;
- understand "God" as someone who loves them and cares for them;
- learn by doing.

Some suggestions for teaching kindergarten children

- use personal experiences as a base for broader concepts;
- provide simple opportunities to evaluate experiences;
- use positive signs of affection and affirmation;
- provide concrete experiences;
- invite children to explore the world they inhabit.

Lesson # 1

CHRISTIAN RESPONSE

Lesson Objective

The students will be able to

C-1 understand that God created and loves all people: girls/boys, men/women, sick/well, etc.

Two sessions are recommended.

Overview

After each child is called by name into a special circle, the teacher tells a Bible story about how Jesus healed the sick, then invites discussion, role playing, and location of pictures — all emphasizing that Jesus loves and cares for all people.

Basic Information and Vocabulary

Kindergarten students are beginning to develop an awareness of the world as larger than one's self. Age five is the perfect time to introduce the child to the loving Creator of *ALL PEOPLE.*

Vocabulary:

all people	men
special	boys
women	young
girls	old
sick	well

Suggested Materials

Flannel Board, prepared flannel pieces, magazines, scissors, paste, and a doll.

Pattern # 1

Bible stories such as Luke 13:10-14 and John 4:43 ff.; use a Children's Bible or tell the story in simple language.

Teaching/Learning Activities

SESSION 1

A. *Gathering*

Draw the children into a circle while saying:

Let's build a circle of special people who are loved by God. . .(e.g., John. . . . Mary. . . . Phillip. . . .)

Call each child by name as you seat him/her in the special circle.

B. *Review*

Review previous teaching about God's love. Explain how "being loved" brings joy to our lives.

C. *Story*

Tell a Bible story that illustrates how Jesus healed the sick, for example the healing of the woman in Luke 13: 10-14. Use the flannel board to focus the children's attention on the characters and action.

D. *Discussion*

Encourage discussion of how various people show care for us when we are sick:

Mother
Father
Doctor
Nurse
Older brothers and sisters
Baby sitter

E. *Role Playing*
Explain that we are going to pretend to care for a sick child and use the doll for role playing. Establish a few situations similar to the following:

1. The baby is crying. She fell and hurt her knee. Pretend you are her mother or father. How would you show her how much you care? What can you do for her?

2. John is sick with the flu. You are the doctor. What will you do for John? What will you tell him to do?

SESSION 2

F. *Review*
Review yesterday's lesson. Review the concepts of sick and well.

G. *Presentation*
Introduce the concepts of young and old. Recall the many times Jesus healed the sick. Stress that Jesus never asked if a person was young or old. He cared for all people.

List on chalkboard: young old
sick well
boys girls
men women

Additional Biblical References:
John 5:1-9
John 4:46-53
John 9:1-17

H. *Activity*
Have every child find one picture of a person in a magazine. Prepare in advance a poster with the caption "JESUS LOVES AND CARES FOR ALL PEOPLE." Invite the children to come forward and paste the picture of a person on the poster board and identify the person as someone Jesus loves. Encourage them to look for a variety of people because Jesus loves and cares for ALL PEOPLE.

Closure

Pause for a silent moment of prayer. Pray the following prayer for and with the children:

Jesus, help us to love all people, people who are old and young, people who are well and sick. Help us to love as you love. Amen.

Lesson # 2

TRANSMISSION AND PREVENTION

Lesson Objective

The students will be able to
T-1 share from experience what it means to feel well and to feel sick.

Overview

Students get to choose masks that show feelings, then through stories they try to share the feelings of others. Finally, they tell their own stories about feeling well and feeling sick.

Basic Information and Vocabulary

This lesson is intended to develop in Kindergarten age children an appreciation of good health and to instill feelings of compassion and sympathy for those who suffer from any illness.

Vocabulary:

frightened	well	sad
feelings	sick	ill
happy	lonely	

Suggested Materials

Paper masks (Patterns # 2a, 2b, 2c) that show the following expressions:
1. Happy
2. Sad
3. Frightened

Handout # 2d

Teaching/Learning Activities

A. *Gathering*
Arrange the children in a comfortable setting that allows individuals to come to the front and "choose a feeling" by choosing a mask. Have one mask with each expression on a table in the front of the room.

B. *Review*
We all have feelings, don't we? We have talked about our many feelings before.

C. *Discussion*
Talk about the masks and the three feelings. Then give the following short example:

I woke up today and looked out the window and saw the

Cut out to make flannel pieces

Luke 13:10-14

beautiful sun. I remembered all the wonderful things we were going to do today and I was very happy.
Place the happy mask in front of your face.

D. *Skit*

Now I want each of you to have a turn choosing a mask to show a feeling. I am going to tell you a story about Susie. Susie has many feelings in this story. I am sure you will be able to share her feelings:

One day Susie went to a very special party. It was Molly's birthday. Susie had a beautiful present for Molly. She put on her new green dress and skipped down the block. HOW DID SUSIE FEEL?

Allow a child to come forward and choose a mask to demonstrate this feeling (and others in the activity).

When Susie arrived at the party, all of her friends were there. Susie won a prize while playing a game. HOW DID SHE FEEL?

When it was time for cake and ice cream Susie's head began to hurt and she did not feel hungry. She was hot and weak. HOW DID SHE FEEL?
(sad or frightened)

After each response, allow for discussion among the children.

Suddenly Molly looked at Susie and exclaimed, "Oh, Susie, your face has spots!" HOW DID SUSIE FEEL?

Molly's mother put her arms around Susie and gave her a big, warm hug. She said, "Susie you are fine, you just have chicken pox. Everybody gets chicken pox and I guess it is your turn. You will feel a little sick for a few days, then you will be just fine." She phoned Susie's mother. HOW DID SUSIE FEEL?

Susie's mom came to get her. All of Susie's friends waved good-bye. Molly's mom wrapped up some cake and Susie's prize so she could take them home with her. HOW DID SUSIE FEEL?

E. *Stories*

The story has a happy ending, and usually feeling sick does not last very long, does it? Who can tell us a story about being sick and how you felt?

Allow some time for the sharing of stories and feelings.

F. *Application*

Remember how kind Jesus was to the sick? How do you think Jesus wants us to treat people who are sick?
Encourage discussion.

Closure

We want to remember to thank God for all the times we feel well.
Pause for a quiet moment of thanks.

Distribute Handout # 2d to each child, read the statement above each space, and direct the drawing activity — one picture of the child when well, a second picture when sick.

Have the children share their pictures and stories. Ask them to take them home and share the lesson with their families.

Lesson # 3

TRANSMISSION AND PREVENTION

Lesson Objective

The students will be able to
T-2 describe personal experiences with physical signs of affection and affirmation.

Overview

The teacher leads the children in recalling and discussing physical signs of affirmation which Jesus used and which the children have experienced. They demonstrate and sing about these positive signs.

Basic Information and Vocabulary

Kindergarten children are naturally and spontaneously affectionate. Genuine signs of affection and warmth affirm them and strengthen an emerging self-concept.

Vocabulary:

good	touch
hug	"pat on the back"
handshake	"pat on the head"

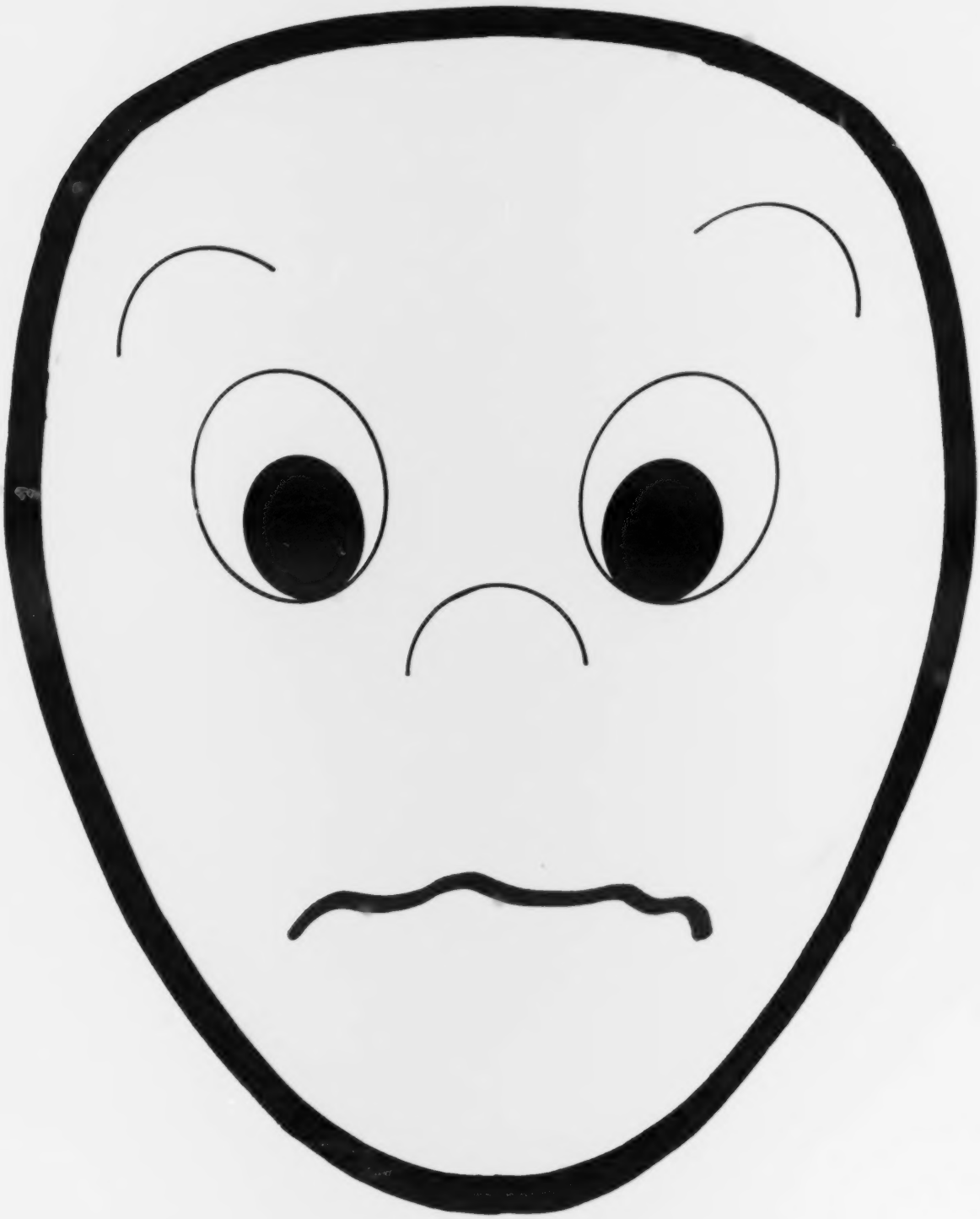
Suggested Materials

A variety of articles to use in role playing (old clothes, hats, etc.)
A song about togetherness or friendship (e.g., from *Young People's Glory and Praise:* "Reach Out," "God Is Building a House," "Let Everyone Be Happy")

This happy mask may be cut out and pasted to cardboard.

This sad mask may be cut out and pasted to cardboard.

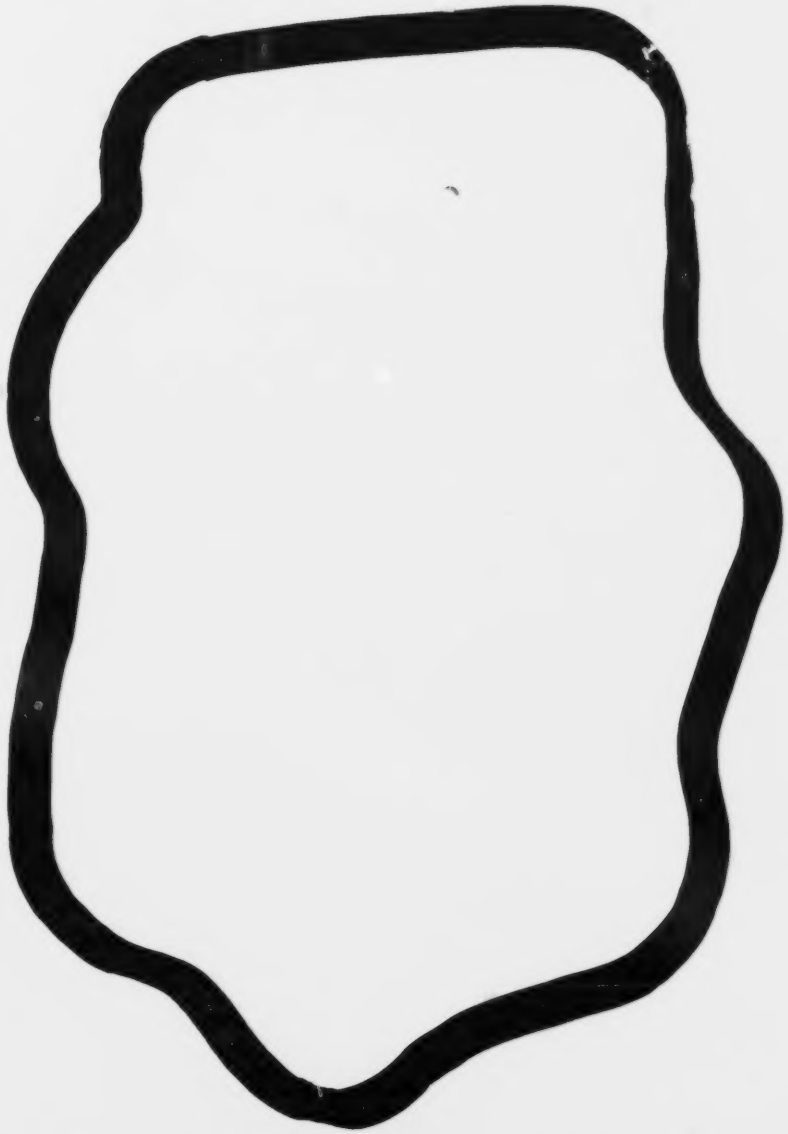
This frightened mask may be cut out and pasted to cardboard.



I feel well most of the time. I can do many things when I feel well. Good health is a gift from God.

31

I remember when I was sick. I felt sad and lonely. I needed people to take care of me. It is very important to be kind to sick people.



32

Name _____

Handout # 2d

Teaching/Learning Activities

A. *Gathering*
Gather the children in a circle. Create a happy, friendly environment by singing a song that deals with togetherness and friendship (suggestions above).

B. *Discussion*
Show the children pictures from a children's Bible or art prints that depict Jesus with the little children. Lead the children in a discussion by asking questions:

How does Jesus look in this picture?
Why did he reach out so often and touch people?
How do you think it felt to have Jesus hold your hand or pat you on the head?

C. *Review*
Jesus reached out to little children and old people, people who were healthy and those who were sick. Why do you think he did that?
Jesus wanted to show that God loves *all* people.

D. *Student Activities*
Brainstorm with the children to recall specific times when someone who loved them had "reached out and touched them."

If the children need help, ask these specific questions and *demonstrate* the action involved in each:

1. When I shake John's hand like this, what am I showing him?

2. If I pat Alice on the head as I pass her chair, what am I saying to her without using words?

3. When I patted Mike on the back after his home run yesterday, how do you think he felt?
(proud, appreciated)

4. I saw two little children skipping down the sidewalk a few days ago and they were holding hands. Why do you think they were doing that?
(to feel safe, to tell one another they were friends)

These are all examples of touches that makes us feel happy, safe, and loved.

We have all had persons touch us in ways that are not friendly or kind. I saw one child push another student on the playground yesterday. A push is not a good way to touch someone, is it?

Can you name some unkind or mean way of "touching"?
Allow time for discussion.

E. *Acting*
Have the children dress up and act out some experiences of touches that made them feel loved and appreciated. (Dressing up — though not necessary — adds much to the activity.) Adapt the song, "IF YOU'RE HAPPY AND YOU KNOW IT" to include the following:

....shake a hand
....give a hug
....hold a hand
....pat a back.

Closure

Conclude by having the children express how the touches discussed in class are a wonderful way of sharing love and concern. Help them to commit themselves to demonstrating affection and affirmation through positive physical signs.

The First Grade Child

Modeling of adults is critical to the development of first grade children. Their concepts of right and wrong are formed by the actions and words of the significant adults with whom they relate. These children are highly imaginative and frequently confuse fact and fiction. It is important that teachers and parents take the time necessary to explain reasons for certain rules to six-year-old children. It is at this stage that their own abilities to make wise choices begin to develop.

Six-year-olds are persons who

- learn best when involved in concrete experiences;
- are able to distinguish between safe and dangerous situations;
- relate to their own bodies and exhibit a healthy curiosity about body parts;
- experience deep feelings and are able to demonstrate genuine affection;
- frequently exhibit the desire to help others.

Some suggestions for teaching first graders

- build on concrete experiences;
- provide opportunities to identify activities as "safe" or "dangerous";
- explain reasons for certain rules;
- respond comfortably to questions about the body;
- provide opportunities to express positive feelings;
- provide simple opportunities to help others.

Lesson #4

CHRISTIAN RESPONSE

Lesson Objective

The students will be able to
C-2 list ways in which they can help others who are sick.

Overview

After pretending to have various feelings, the children focus on the feeling of being sick, listen to the story of The Good Samaritan, pray for the sick, then consider simple, practical things they can do for sick family members, friends, or neighbors.

Basic Information and Vocabulary

Six-year-old children love to help. Their desire to serve and please others should be nurtured while setting parameters of safe and appropriate behavior when helping the sick.

Vocabulary:

kind	share
care	helper

Suggested Materials

The Good Samaritan, Little People's Paper Backs, G.A. Pottebaum, Seabury Press, New York, 1964
Handout # 4
Bible Stories

Teaching/Learning Activities

A. *Introduction*
Catch the children's interest with the idea of a play and prepare them to experience new feelings and emotions.

Has anyone ever been to a play?
What is a play?
Do you ever like to pretend that you are someone other than who you are?
Sometimes pretending is just for fun. Sometimes, by pretending, we can learn very important things — such as how it feels to be someone else.

Who can show the class, just by changing the way you walk and look, how it feels to be. . .

— lonely	lost
— happy	loved
— hungry	scared
— frightened	excited

B. *Review*
Usually we feel happy and healthy. When we feel well we often forget what it was like to be sick. How does it feel to feel sick?
Have children recall feelings.

Jesus always showed concern for sick people and took care of them. Who can remember some of the stories that give us examples of Jesus caring for the sick?
Allow time for the children to retell some stories. Stress Jesus' example of loving and caring for the sick.

C. *Scripture Story*
From a children's Bible, read the story of *The Good Samaritan* to the students. Tell them that Jesus told that story to his friends to teach them how to care for the sick.

D. *Reflection*
Invite the children to be very still. Tell them to listen carefully and to follow your directions:

> I want you to be very quiet. I want you to be so quiet that you can hear your own breathing. If you are very still, you can hear your heart beating. Take a moment to thank God for your good health.
>
> Close your eyes and think of someone you know who does not feel well. Maybe you know a person who suffers from pain or a serious illness. Think about that person. How do you think that person feels today? Pray quietly and ask Jesus to help that person to feel well and to be happy.

E. *Discussion*
Lead the children from feeling to action.

> Sometimes all we can do for a sick person is to pray. Some people are so sick that only doctors, nurses and other adults can help them.
>
> Many times, however, we know people at home or in our neighborhood who are sick and need our help. Can you think of any people you can help?

Encourage discussion that includes:
- spending time with a housebound friend who is lonely;
- carrying food for your family members if they are too sick to come to the kitchen;
- doing simple chores for a neighbor who might not be able to leave the house;
- not letting your friends make fun of a person with a handicap.

Closure

Use Handout # 4 to draw the lesson to an end and to provide information to the parents of the children through the take-home activity:

> This take-home sheet has three short stories. Each story ends with a question. You can answer each question with a picture.

Work through the activity. Instruct the children to take the paper home and to share it with their families.

Lesson #5

TRANSMISSION AND PREVENTION

Lesson Objective

The students will be able
T-3 to identify ideas for playtime at school and at home as either "safe" or "dangerous."

Overview

Beginning with a game, "What Would You Do?," students consider a variety of possible experiences and associate them with the ideas of "safe" or "dangerous." They make lists of safe choices for both home and school.

Basic Information and Vocabulary

First grade students have a basic understanding of right and wrong. It is a reflection of the concepts of right and wrong expressed and modeled by the significant adults in their lives. This lesson is intended to encourage six-year-old children to weigh their own choices before acting to determine if they are safe or dangerous.

Vocabulary:
safe dangerous

Suggested Materials

Large chart pad
Tape
Magic marker
Blackboard
2 ribbons, 2 tags

Teaching/Learning Activities

A. *Introduction*
Initiate the lesson as a special FIRST GRADE EVENT that will result in something special being created.

> I'd like to play a thinking game called, "What Would You Do?" To play, you have to listen very carefully and raise your hand if you want to answer my question.

Jesus told the story of the Good Samaritan to his friends. He wanted them to understand that the sick are precious people. He wanted to teach them to love and care for people in need. What did the Good Samaritan do for the injured man?

Your grandmother does not feel very well today. She is very weak and tired. She needs to carry a small package up to her room. How can you help her?

Tommy is your best friend. He fell and broke his leg and will not be able to come to school for two weeks. He is very lonesome at home. What can you do to help Tommy?

Name _____

1. Tommy rode his bike to Joey's house. When he reached the corner, the light was almost ready to turn red. He was sure he could ride fast and beat the light. What would you do?

2. Mary got home a few minutes early on Friday afternoon. Her mom was not home yet. Mary entered the house with the key that was kept in the mailbox. She was hungry. She thought about cooking something to eat. What would you do?

3. Janie and Ann were walking home from school on a very cold day. A woman they did not know stopped her car and offered them a ride. What would you do?

4. Mark was in a hurry to eat his lunch. He started pushing in the lunch line. What would you do if you were in front of Mark?

5. You are in the shopping center with your big brother. He is shopping for a video. You are looking at records. Suddenly, you look around and can't find him. What would you do?

6. It is Saturday. You are playing in the park near your home. A grown-up you do not know comes into the park and begins to talk with you. He offers you candy. What would you do?

B. *Experience*
Write the words *safe* and *dangerous* on the board. Ask the children to tell stories from their own experience describing times when they felt safe and other times when they felt in danger.

C. *Story*
Read a story to the children from a library book that deals with a dangerous situation for the main character. Allow the children time to react to the situation.

D. *Classification*
Tape two sheets of large chart paper onto the board. Write on the top of one sheet, "SAFE THINGS TO DO AT HOME" and on the other "SAFE THINGS TO DO IN SCHOOL." Ask the students to suggest things to be written on each list.

Closure

Explain to the children that this lesson never ends, that we are always learning new ways to make safe choices.

Keep the chart paper in a prominent place and refer to the "safe choices" throughout the week. Allow the children to add to the list each day. Ideally, several sheets of chart paper will be needed.

After several days, remove the chart paper from the chalkboard. Tape the sheets together end to end and roll both sets into scrolls. Tie the safety scrolls with colorful ribbon and label each with decorative tags: Our Safe Choices in School, Our Safe Choices at Home. Display these in a prominent place.

Open the scrolls at regular intervals throughout the year and allow the children to add to each list.

Lesson #6

TRANSMISSION AND PREVENTION

Lesson Objective

The students will be able to
T-4 name significant adults with whom they can share secrets and important information.

Overview

The children imagine situations and the persons they can trust with secrets. Through discussion and a handout, they understand which persons are special friends whom they can trust with important information.

Basic Information and Vocabulary

Young children are naturally trusting of adults. It is "bad experiences" that cause them to be wary or suspicious. Their safety and development for future years will necessitate seeking and acting upon morally sound, safety-conscious, and wise advice. The teacher plays a special role in the life of the six-year-old student by serving as a trusted, adult friend as well as a gentle guide and authority figure.

Vocabulary:

adult	trust
secret	special friend

Suggested Materials

Handout # 6
A quiet environment
A bulletin board: "People we can trust are a special gift from God."

Teaching/Learning Activities

A. *Introduction*

We know that God loves all people. All people are special. God gives each of us some special helpers and friends. God knows we need special friends to trust.

B. *Activity*

Explain to the children that all through their lives they will have some special friends and helpers. Help them to identify the special helpers who are in their lives now. Play a silent, imaging game:

Close your eyes and be very still. We are going to use one of our very special gifts, our imagination.

Imagine that you are at home and it is Christmas. You have a wonderful secret to share with a special person. Think! With whom will you share your secret? Who is one special person you can trust at home?

Imagine that you are walking home from school. You think someone should know that an old man, who is sitting on the park bench, looks very sick. Whom will you tell? Whom can you trust?

Imagine that you are playing in the school yard at lunch and you see something dangerous. What will you do? Whom can you trust?

You have a serious problem. It is making you sad and causing you to worry. You worry so much that you don't sleep at night. What can you do? With whom can you share your problem? Whom will you trust?

C. *Review*

Recall the joy of sharing with a friend. Lead the children to understand that some of our special friends with whom we share our special problems and secrets are grown-ups.

Closure

If a related bulletin board has been prepared, point to it while summarizing with the words

People we can trust are a special gift from God.

Use Handout # 6 — a drawing of each student's special helpers — to conclude the lesson. Send the drawings home with the students to be shared with persons they trust.

Name _____

God has given me special helpers with whom I can share my secrets. I can trust my special helpers. They help me solve my problems and they listen to my questions.

MY SPECIAL HELPERS

The Second Grade Child

The faith life of second grade children can, with positive and creative guidance, set the stage for life-long commitment to Gospel values. A personal encounter with Jesus in the Gospel stories gives children an experience of master teacher, healer, and compassionate "care taker." These children are growing less self-centered and more conscious of their responsibilities to others.

Seven-year-olds are persons who

- are developing a personal relationship with Jesus;
- are highly competitive but respond to suggestions regarding compassion and co-operation;
- rely almost entirely on others to define "good" and "bad";
- understand sickness and health and the feeling associated with both;
- love to learn and are naturally inquisitive;
- are able to relate to their own bodies.

Some suggestions for teaching second graders

- use simple Gospel stories about Jesus;
- model the identification of right and wrong actions;
- suggest ways of helping and working with others;
- offer opportunities to express feelings;
- answer questions promptly and simply;
- encourage learning through concrete experience.

Lesson #7

CHRISTIAN RESPONSE

Lesson Objective

The students will be able to

C-3 demonstrate an understanding of life as a gift and identify the responsibilities that result from that gift.

Overview

Children get to guess what is their most precious gift, then to find the answer in a box which contains a mirror. They talk about how they should care for that precious gift of their life.

Basic Information and Vocabulary

Second grade students understand that actions have consequences. At the same time they are beginning to relate competitively with their peers. They are also growing more conscious of their responsibilities to others. Their value judgments can be deeply affected by their personal relationship with Jesus. It is an opportune time for teachers and parents to direct the positive formation of conscience.

Vocabulary:

gift of life	precious
responsibility	care for
treasure	

Suggested Materials

Box
Mirror
Gift wrapping
Handout # 7
Closing song about "life" or the special quality of each person (e.g., from *Young People's Glory and Praise:* "Love Life," "Signs of New Life," "Children of the Lord")

Teaching/Learning Activities

A. *Introduction*

Make it a special moment! Place a small mirror in a fairly large box. Wrap the box as a beautiful gift and place the beautiful box on your desk. Allow the children to react to the box.

Ask them to describe the most precious gift they ever received in a box similar to the one displayed. Listen to their stories.

Encourage them to describe the ways in which they care for gifts that are precious to them. Let them explain how they prevent a special gift from being broken, damaged, or lost. Listen to their stories.

Explain to the children that when we are given precious gifts, we are given a great responsibility. We are responsible for caring for those gifts.

B. *Presentation*

Every year at Thanksgiving we thank God in a special way for all of his gifts to us. What are some of our most precious gifts?

(Love, family, health, friends, school, etc.)

List the children's responses on the blackboard. Lead the children to see that life is a precious gift. Without it, we could not experience any other gifts.

Write the word LIFE on the chalkboard. Ask the children these questions:

1. How do we care for the gift of life?
2. What can we do to care for the gift of life that God gave to a friend or a brother or sister?
3. How do we treat our friends, brothers, and sisters to show them that we know they are special gifts from God?
4. Your body is a great gift from God. How can you protect it and keep it well?

You have just described the great responsibilities you have in caring for God's precious gift to you — your life.

C. *Activity*

First I will ask two of you to unwrap the box. Then, I want each of you to come forward. One at a time, you will look into the box and see a precious gift — a gift that needs you to care for it and protect it. Don't tell anyone what you see until every child has had a chance to see the precious gift.

Ask two students to unwrap the box, then invite the children to look into the box one at a time.

D. *Discussion*

What is the precious gift?

Allow time for discussion and review of the responsibilities that come with the great gift of life.

Closure

Conclude with a song about life or the "special" quality of each person. (Possible songs are named in "Suggested Materials.")

Have each child complete Handout # 7 — drawing pictures of good foods, safe actions, and special friends — and take it home to share.

Lesson #8

BASIC INFORMATION

Lesson Objective

The student will be able to

B-1 explain in simple terms the meaning of the word "contagious."

Overview

The teacher helps the students to identify visible and invisible things, then demonstrates (using a bean bag) how germs can be spread. The children then discuss how they can prevent the spread of germs. They review new words and complete a related art activity.

Basic Information and Vocabulary

Students in the primary grades have experienced illness in various forms from virus infections to broken bones. Seven-year-old children are able to grasp that some illnesses are "caught" while some other forms of sickness or injury pose no danger to others. Teachers should develop this awareness fully. It will serve as the basis of understanding one's personal responsibility related to prevention of illness.

Vocabulary:

contagious	catch
visible	invisible
germs	

Suggested Materials

Transparency Master # 8a
A small bean bag
Handout # 8b

Teaching/Learning Activities

A. *Introduction*

Set the learning climate by reminding the children that life and good health are gifts from God and that we must take care of our gifts.

B. *Presentation*

Print the words VISIBLE and INVISIBLE on the board.

Ask the children if anyone can explain what these two words mean. Accept answers and clarify the concepts.

Name _____

I eat the right foods so I will stay well.

My life is a precious gift from God.

These are some of the good foods I eat.

I don't do dangerous things. I do safe things.

Life is a very special gift. I take good care of it.

This is one thing I do to be safe.

My friends are special gifts from God. I never hurt them. I help to keep them safe.

Their lives are precious too.

I take good care of my friends.

I am special. God gave me the great gift of life. It is a precious gift and I take very good care of it.

My desk is visible, air is invisible. Your parents are visible, God is invisible. A broken leg is visible, germs are invisible. Who can tell me what germs are?

Accept responses, then clarify:

Germs are invisible, living things. They are everywhere: on the floor, on my desk, in the air, and in the water, too. We cannot see germs. They are invisible. Some germs are "bad germs" and they make us sick. Many germs do not make us sick.

C. *Discussion*

Ask the children to share their personal experiences of catching

- a cold
- the flu
- strep throat
- chicken pox

Affirm each story with an appropriate comment, such as

- Yes, Alex, you caught your sister's cold. You caught the germ that caused her to get sick.
- That's right, Judy. You caught Mary's chicken pox. Chicken pox is a contagious disease. You can spread it and you can catch it.

Write the word "*contagious*" on the board. Let the children tell stories about "catching" contagious diseases.

D. *Activity*

Display the bean bag and tell the children:

We are going to pretend that this bag is a germ. A real germ is so small that we can't see it. Today we will pretend this is a giant germ.

Hand the "giant germ" to a child in one corner of the room and give the following directions so the children can "watch the germ travel."

Phil, we are pretending that you have a germ that causes colds.

(Phil holds the bean bag.)

Stand up, Phillip, and talk with Mary.

(Mary is at the next desk.)

Leave the bean bag on Mary's desk. Now Mary has the germ. Mary, you invite Alice to look at your new story book.

(Alice walks to Mary's desk.)

Now Alice has the cold germ.

(Alice holds the bean bag and walks to the next row of desks and picks out a student. She pretends to share a glass of milk with the student.)

Continue to give directions that include a make-believe sneeze (without using a tissue), a cough without covering the mouth, a hug, a laugh, etc.

When the "giant germ" gets to the other side of the room, clarify what happened:

We pretended that we had a germ that was visible. We wanted to see it spread and we wanted to see how easy it is to catch contagious diseases.

F. *Application*

Can you name some things that we can do to prevent the spread of germs?

- cover mouth when coughing
- use a tissue when you sneeze
- keep your hands clean
- wash your hands before you eat
- etc.

G. Use Transparency Master # 8a to review new words and definitions.

Closure

Help the children complete the art activity with Handout # 8b, drawing pictures of three things they can do to prevent the spread of germs.

Lesson #9

TRANSMISSION AND PREVENTION

Lesson Objective

The students will be able to

T-5 test criteria for evaluating behavior as good/bad, safe/dangerous, kind/selfish.

Overview

Using very short stories, the teacher helps the children to identify choices as good or bad, safe or dangerous, kind or selfish. The students make up more examples and practice what they have learned in an art activity.

Basic Background and Vocabulary

It is very important to continue to expand the children's concept of right and wrong at this age, and to relate that concept to the life and teachings of Jesus. As the world of the students broadens to include persons outside the home and school, they will need to rely on criteria to evaluate their choices.

Vocabulary:

choice	dangerous	selfish
good	safe	right
bad	kind	wrong

VISIBLE	SOMETHING THAT IS VISIBLE IS SOMETHING WE CAN SEE.
INVISIBLE	WHEN SOMETHING IS REAL BUT WE CANNOT SEE IT, THEN IT IS INVISIBLE.
GERM	A GERM IS A LIVING THING THAT IS INVISIBLE. SOME GERMS ARE HARMFUL AND THEY CAN MAKE US SICK.
CONTAGIOUS	A CONTAGIOUS DISEASE IS A DISEASE THAT CAN BE "CAUGHT" AND "SPREAD." WHEN WE SHARE A HARMFUL GERM, WE CAN SPREAD A CONTAGIOUS DISEASE.

I can do many things to prevent the spreading of germs. Here are three of them.

Name _____

Suggested Materials

Bible
Familiar story books
Art paper and crayons
Handout # 9

Teaching/Learning Activities

A. *Introduction*

When you were little, you probably did things that were not safe — just because you were little and did not understand danger. Your parents had to teach you not to play in the street or touch the hot stove.

Now that you are in second grade, you know many things are right or wrong to do. Some things are safe to do and some are dangerous. Many of our choices are kind, but some can be selfish.

This lesson is a lesson that will help us share our ideas about staying safe, doing only things that we know are good and trying always to be kind.

B. *Presentation*

Print these six words on six small strips of white paper and tape them on the chalkboard across the front of the room:

good	bad
safe	dangerous
kind	selfish

Tell the children to pay careful attention while you tell them several very short stories. Use the first one to demonstrate the activity.

1. Mark and Fred were playing ball in Fred's yard. The baseball rolled into the street. Mark and Fred thought about chasing the ball, but they changed their minds. Mrs. Hobbs came across the street and picked up the ball. She told the boys they were very smart as she handed them their ball.

Question: Do you think Mark and Fred made a safe choice or a dangerous choice? _____, please take the chalk and put a check mark under the word "safe" or under the word "dangerous."

2. Susie was all alone on the playground. She looked very sad. Molly saw and wanted to help her. Molly went over to Susie and said, "Susie, come and jump rope with us. It's fun!"

Question: Who can read these two words? (pointing to "kind" and "selfish")

Who can check the word that best describes what Molly did?

3. Jack wanted to go to the game. He needed $1 to buy a ticket. So he decided to take it from his mother's purse without asking.

Question: Was this a good choice or a bad choice?

C. *Practice*

Invite the children to work in pairs and make up similar situations. Continue to have the students identify the choices as good or bad, safe or dangerous, kind or selfish. Use care that "good" and "bad" are related only to actions that have moral connotations and that are relevant to the seven-year-old child.

D. *Activity*

Distribute Handout # 9. Instruct the children to draw three pictures to complete the frames:

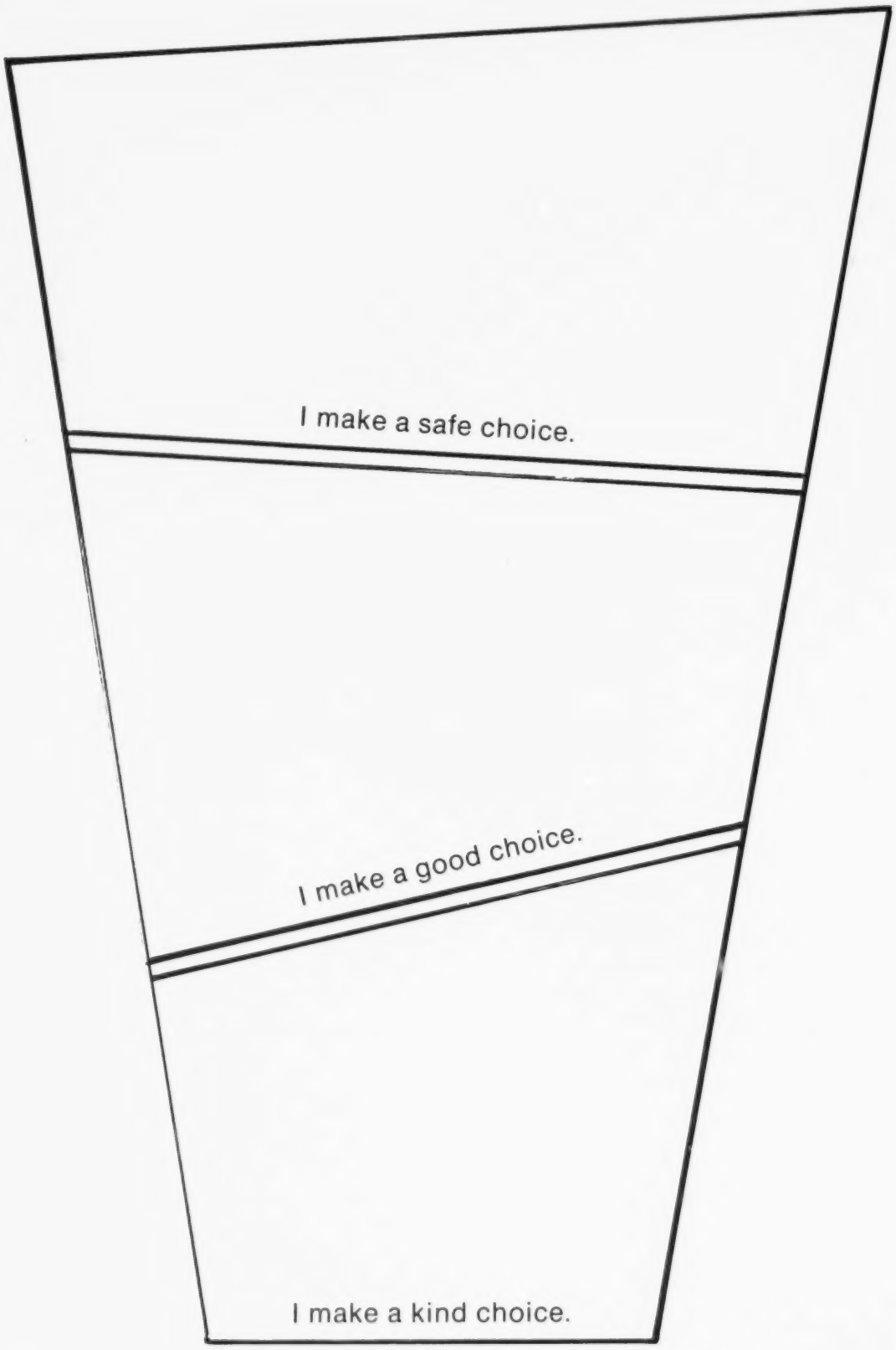
I make a safe choice.
I make a good choice.
I make a kind choice.

Closure

Allow time for students to share the stories reflected in their drawings, inviting with questions such as

Who would like to tell us about one safe choice you made?

Name _____



The Third Grade Child

Third Grade children move into significant relationships with their peers. They become increasingly conversant and interested in "ideas." A clearer sense of time and space is evident at this stage as well as an understanding of consequences related to behavior. Acts of intentional kindness are evident in the eight-year-old. The time is appropriate for maximizing the children's sense of personal responsibility for their actions. Knowing they are loved and forgiven for errors is an equally important facet of conscience formation.

Eight-year-olds are persons who

- express and respond to signs of affection and affirmation;
- can accept responsibility for their own choices and decisions;
- are beginning to process abstract ideas and values;
- need personal, positive guidance in conscience formation;
- demonstrate a trust of significant adults while beginning to form commitments in friendship with their peers;
- remain curious about their own bodies and body parts of the opposite sex.

Some suggestions for teaching third graders

- increase opportunities to work with peers;
- emphasize the consequences related to behavior;
- invite children to exercise personal responsibility for their actions;
- begin to bridge from concrete material to abstract ideas;
- answer questions about body parts promptly and simply.

Lesson # 10

BASIC INFORMATION

Lesson Objectives

The students will be able to

B-2 clarify that AIDS — though communicable — is not caught through students' everyday activities or casual contact;

B-3 replace myths about AIDS with facts.

Overview

After a general review about germs and ordinary communicable diseases, the teacher identifies the name of AIDS — which the children have heard — and emphasizes the point that the virus that spreads this serious disease is not caught through children's everyday activities. The focus is on allaying unfounded fears.

Basic Information and Vocabulary

Students know that some germs may be spread by casual contact: sneezing, sharing a drinking glass, etc. It is VERY IMPORTANT THAT CHILDREN REALIZE THAT MANY OF THE THINGS THEY HEAR ABOUT AIDS and PERSONS WITH AIDS are not based on fact and are, in fact, the result of irrational fears.

It is at this age that compassion toward persons with AIDS should be nurtured.

Important: In accord with guidelines of the Centers for Disease Control, at this level the teacher should stress how AIDS is NOT communicated. IF NEEDED, use GENERAL explanations; e.g. refer to "sharing certain body fluids" or to "exchanging blood or other body fluids." The use of contaminated needles by drug-users may be given as a means of spreading AIDS. It is important to stress that doctors and nurses use safe, clean needles to administer medication.

Information related to sexual transmission of AIDS should be used only if needed to answer specific questions that may or may not be raised.

Although AIDS is technically not a specific disease, that technicality is not considered until Lesson # 25. At this age, the simpler word, "germ," is still used; in discussing AIDS, the more precise word, "virus," gradually replaces the earlier term.

Vocabulary:

communicable	AIDS
worry	persons with AIDS
virus	

Suggested Materials

Review Lesson # 8.
Transparency Masters # 10a and # 10b

Teaching/Learning Activities

A. *Gathering*
Bring the children into an informal setting. If you must remain in your classroom, arrange chairs or desks in a semi-circle and explain to the children that today they are going to learn about a very serious health problem.

B. *Review*
Spend a few minutes reviewing the negative feelings associated with sickness. Discuss the meaning of "communicable" and explain how common germs are usually "caught."

Review the fact that germs pass from person to person. See Lesson Plan # 8. Recall that some kinds of germs spread disease.

Name certain communicable diseases and have the children share their personal experiences of "catching" them: flu, strep throat, measles, mumps, and chicken pox.

C. *Presentation*
Explain that today the children will learn about a *disease* that is NOT caught through children's everyday activities. The name of the disease is AIDS. Display Transparency Master # 10a and present ideas such as the following:

Who will read the overhead transparency for me?

Yes, the name of the disease is A-I-D-S. (Spell out the letters.) You may have heard your parents talk about it or heard someone talk about it on TV.

I want to help you to understand what A-I-D-S is. It is a *very serious disease that is not caught* through children's everyday activities.

D. *Discussion*
Engage the children in a discussion of valid concerns regarding health and illness. The teacher could begin with examples such as these:

In the winter we worry about catching colds.

Your mom still worries about you catching strep throat or the flu from a friend who is sick.

Last week my friend had a terrible sinus infection. She did not go to work for a few days so she would not spread her infection to anyone else.

Then the teacher asks the children:
Did you ever worry about catching a certain illness from someone?

Allow time for the children to express their fears. Each time a child expresses a valid fear regarding a germ or disease that can be caught easily, reply with a comment similar to one of these:

Yes, Fred, you do have to be careful. You should not drink from a glass that your brother is using if he has a cold. The germs that cause colds are easy to catch.

You're correct, Molly. You should always cover your mouth when you cough. Sore throat germs can be spread by coughing.

E. *Presentation*
The teacher leads the children to an understanding of the fact that AIDS is *not* caught through children's everyday activities.

Those were very good examples. Most of the diseases we hear about all year are diseases that are caught through usual children's activities. The disease we are studying today, AIDS, is not caught in your usual activities.

Some people think you can catch the germ or virus that causes AIDS just like you catch a cold. That is *not true*.

The next time you hear that another child is worried about catching A-I-D-S, you can tell that child that we learned about this disease and we learned ways it is not caught. As a matter of fact, I have a special list to show you. It explains that AIDS is not caught through children's everyday activities.

You can't catch AIDS by...
(Uncover Transparency Master # 10b line by line and have the children read all the "safe behaviors.")

This chart should be presented in a "good news" spirit. The lesson is intended to put to rest the fears of the children.

Be certain the children grasp this basic message:
REMEMBER: AIDS is not caught through children's everyday activity. It is not caught in the same ways we catch a cold or the flu.

There are many safe and fun things you can do when you are with a friend who has AIDS.

F. *Review*
Hold a brief review of the lesson that includes:
- the name of the disease
- the fact that it is a very serious health problem
- the ways in which AIDS cannot be caught

Have the children share their reactions and any fears they may still have regarding AIDS.

Closure

Review again the list that explains ways in which AIDS is not caught and tell the children to help other people to understand that AIDS is not caught through everyday children's activities. Assure them that scientists all over the world are working hard to find a way to stop people from getting AIDS and to cure those who have it. Be certain that the lesson concludes on a hopeful note!

A I D S

AIDS is a very
serious disease.

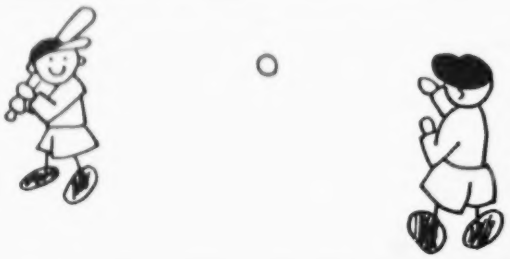
AIDS is not spread and caught
in the same ways
we catch chicken pox or colds.

AIDS is not caught
through children's
everyday activities.

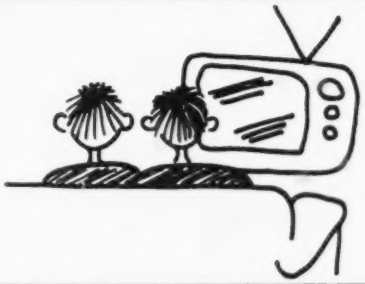
AIDS is not caught or spread through children's everyday activities

I can't catch AIDS by

— running, playing baseball or hiking with a person who has AIDS

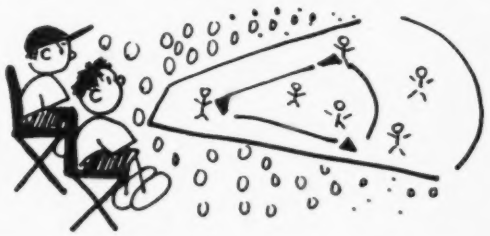


— watching TV with a friend or a member of my family who has the AIDS virus



— riding the school bus or studying with a friend who has AIDS

— going to a game or a movie with a person who has AIDS



I can do many safe and fun things with a friend who has AIDS.

Lesson # 11

TRANSMISSION AND PREVENTION

Lesson Objective

The students will be able to
T-6 perceive themselves as good persons who are capable of making good choices.

Overview

Children name good choices from their experiences and their reading stories, generating criteria for a good choice. They print good choices and color "choice blocks."

Basic Information and Vocabulary

Children at this level make noticeable gains in self-motivation. They are increasingly able to think symbolically. Sensitivity to "mystery" becomes apparent as a faith life assumes a place of importance in their lives.

Vocabulary:
choices evaluate
good people

Suggested Materials

Transparency Master # 11a
Handout # 11b, Sides 1 and 2
Pencil, crayons

Teaching/Learning Activities

A. *Introduction*
How many children do we have in this class?

Use Transparency # 11a and fill in the number of students in the class to complete the sentence. Have the children read the overhead together:
This is our class. There are _____ special people in this classroom. These people make good choices.

Then comment with specific student names and examples:
_____ makes good choices. Yesterday he _____ . . . .
_____ makes good choices. Today she _____ . . . .

Note: When using "good," the examples should have moral connotations and should be relevant to the eight-year-old child.

Today we are going to learn how to make a good choice each time we have to make a decision.

B. *Story*
Using a story from your reading series that is familiar to all of the students, discuss good and bad choices made by characters in the story (e.g., caring for or stealing another's property, telling the truth or lying).

C. *Discussion*
Ask the children how we determine if a choice is good or bad. Generate criteria such as:

1. Would Jesus make this choice?
2. What would my mom think? (dad, grandparents, etc.)
3. If I make this choice, will anyone get hurt?
4. Will I make anyone sad with this choice?
5. Will I break any rules or laws with my choice?

Allow the conversation to unfold and make use of the children's suggestions to list the criteria.

D. *Practice*
Distribute Handout # 11b. Explain Side 1 and review the criteria for a good choice. Then explain Side 2 of the handout:

Our choices are the building blocks we use as we live our lives. You make choices every day. Usually, you make very good choices that are safe and kind.

Tonight, I want you to take home this picture of "choice blocks" and before you go to bed, print one good choice you made today in each block. Please share both sides of your paper with someone at home tonight and bring the paper back tomorrow.

E. *Review*
On the next day the children first review the criteria for a good choice. Then, using their crayons, they color each "choice block" that contains a good choice. If they wish they may share their good choices with their classmates.

Closure

Remind the children that they are good people who can make good choices. Conclude by displaying their colored "choice blocks" and by re-reading Transparency # 11a.

THIS IS OUR CLASS. THERE ARE _____ SPECIAL PEOPLE IN THIS CLASSROOM.

THESE PEOPLE MAKE GOOD CHOICES.

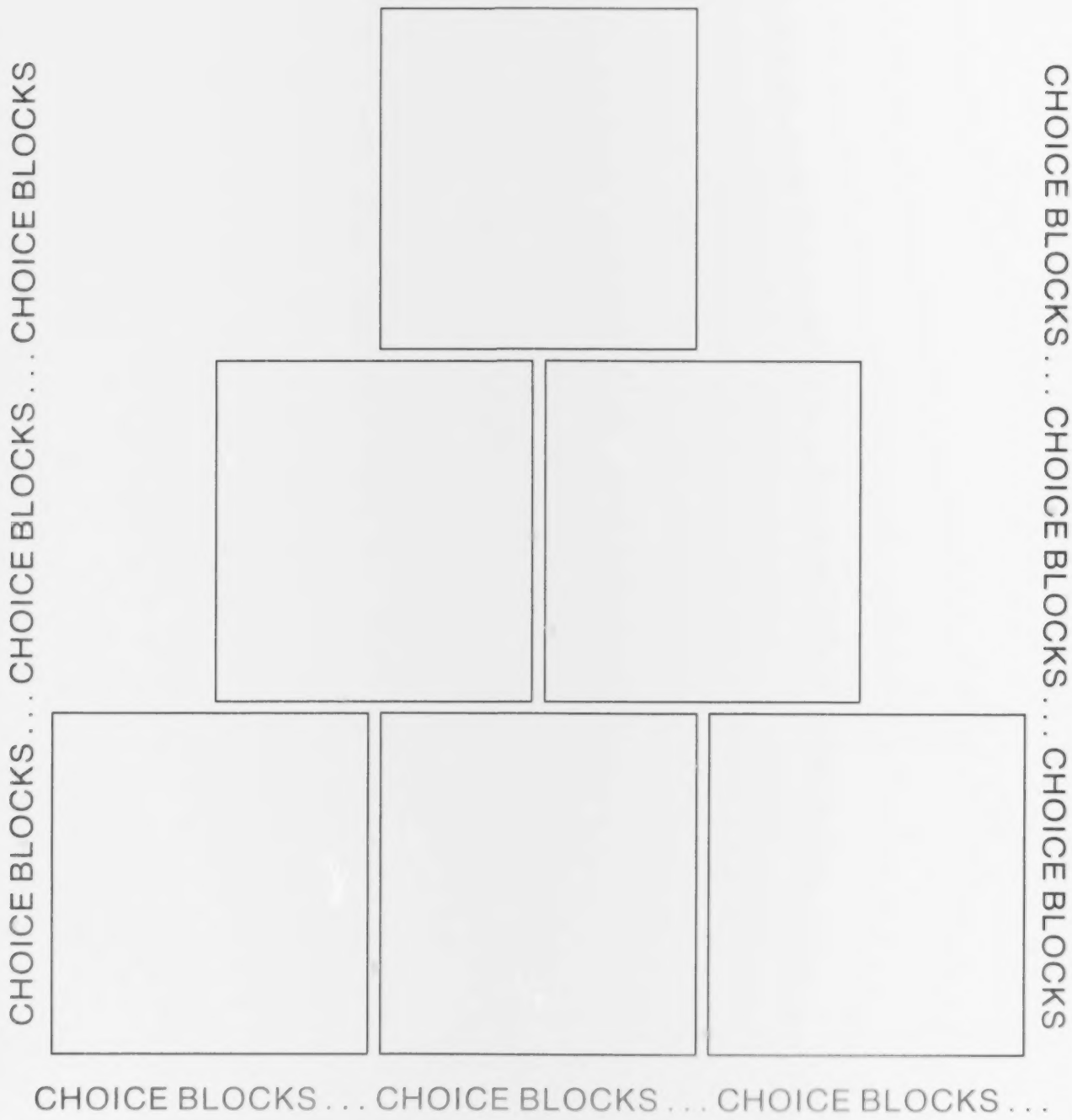
I WANT TO MAKE A GOOD CHOICE.

I WILL ASK MYSELF SOME QUESTIONS.

1. **Would Jesus make this choice?**
2. **What would my mother think? (dad, grandparent, etc.)**
3. **If I make this choice, will anyone get hurt?**
4. **Will I make anyone sad if I make this choice?**
5. **Will I break any rules or laws with this choice?**

My name is _____ .

I make good choices.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Lesson # 12

TRANSMISSION AND PREVENTION

Lesson Objective

The students will be able to
T-7 list and explain specific rules and laws that promote health, safety, and wellness.

Overview

Using the story, "Jason's Nightmare," the teacher helps the children to realize the need for laws and rules to keep people safe. The children name rules in school, at home, and at play. The closing reminds children how precious is their God-given life and how important it is to obey laws and rules so they and others will be safe.

Basic Information and Vocabulary

The example of significant adults reaches a new level of importance in the lives of third grade children. Teachers should make every effort to relate to the various worlds children share with others: home, school, clubs. As active participants they will come to value just rules and laws that protect their rights and those of others.

Vocabulary:

rules	well
laws	safety

Suggested Materials

Story: "Jason's Nightmare" (printed below)
Handout # 12
Crayons

Teaching/Learning Activities

A. *Introduction*
Tell the children you are going to read them a short story entitled "Jason's Nightmare." Ask them to listen carefully to tell you why Jason called his dream a nightmare.

B. *Story*
Then read the story to the children:

"Jason's Nightmare"

Jason went to bed early on Friday night because he had big plans to go fishing with his dad on Saturday.

As soon as he fell asleep, he began to dream of Saturday:

He went out and got into the car with his dad. They drove down Maple Lane to Main Street. Something was wrong! Everything was wrong!

Cars were on the wrong side of the road. Children were flying kites in the middle of the intersection of Maple and Main Streets. There were no stop signs, no street lights, and no police.

Jason saw Mrs. Miller put her garbage in the corner mail-box and people were taking apples and oranges from the corner fruit stand without paying Mr. Tom who owned the store. It was a disaster.

Jason's dad parked in front of the library so Jason could return his books and pick out a new one. Poor Miss Sunday! Her library was in a state of confusion. People were laughing and cheering for the two boys who were doing hand-stands on a glass-top table. Two little girls were playing catch with a book and nobody stopped to check out books at the main desk. Children and adults just took books home with them.

Jason ran out of the library and hopped in the car and said to his Dad, "Take me home, Dad, this is scary!" As Jason screamed, he woke up. He sat up in bed and sighed a huge sigh. It was a bad dream. Rules did exist in his home town and when he woke up, he and his dad would go fishing!!!

C. *Discussion*
Ask the children what was missing in Jason's home town during his dream. (Rules and laws)

Explain to the children that laws and rules are made to help all of us and keep us safe.

Ask the children these questions:

1. Can you name some laws and rules at school that keep you safe?
2. What are some rules in your home that keep you and your family safe?
3. When you play with your friends, what safety rules do you obey?

Engage the children in a sharing session.

What types of things could happen if we did not have rules and laws
— in school?
— at home?
— when we play?

Closure

Remind the children how precious they are and that God gave them the great gift of life. Lead them to say they will try to obey rules and laws so that they and others will be safe.

Distribute Handout # 12. Explain that each student will take the paper home and find one or more pictures in magazines or newspapers that show people obeying the law or a rule. (Directions are printed on the handout for the benefit of parents who may be asked to help.) The picture(s) should be pasted on the handout and returned to the teacher who will make a collage and display the pictures under the caption: "Rules and Laws Keep Us Safe."

Lesson # 13

TRANSMISSION AND PREVENTION

Lesson Objective

The students will be able to

T-8 give examples of refusal skills that can be used to say "no" to any risk behaviors.

Overview

Recalling how precious is their life, students are helped to identify risk behaviors in everyday children's lives as well as unkind and dangerous touches. They discuss various ways they can refuse to get involved in such dangerous situations.

Basic Information and Vocabulary

The teacher should be familiar with the content of Lessons # 3, 5, 6, 9, and 11.

Vocabulary:

refuse
unkind touches
dangerous touches

Suggested Materials

Song, "If You're Happy and You Know It" from Lesson # 3

Teaching/Learning Activities

A. *Introduction*

We have learned how to plan safe activities for home and school. Why is your safety so important?

(Allow for responses that help children recall that life is a precious gift that must be treated with great care.)

B. *Discussion*

Sometimes, other people can be the cause of making us feel in danger. Listen to this example:

You are riding your bike home from school and a bigger student teases you and pushes you off your bike. Do you feel safe or in danger?

(Allow time for discussion.)

We also learned that people can make us feel loved and appreciated by the ways they touch us. Do you remember some of the touches we said make us feel loved and happy? (pat on the head, handshake, pat on the back)

(Allow for discussion and recall of Lesson # 3.)

There are also times when other persons may use touches that do not make us feel loved and happy. Let me give an example:

You are on the playground at lunch and you have just finished a race. You and your best friend have tied for first place and you are cheering for each other and celebrating. Suddenly, another student — who is not happy about the race — puts her hand on your shoulder and pushes you on the back so hard that you slip and fall. That is an unkind way to touch someone. A push can also be a dangerous way to touch another person.

(Allow for discussion related to unkind and dangerous touches.)

C. *Application*

Your body is a special gift from God. We know that we always take special care of gifts from God. You can often stop someone from touching you in an unkind or dangerous way. Listen to these stories and think of ways to prevent unkind or dangerous touches:

1. You are walking to the store for your mom. A friend warns you that one of the children from the neighborhood is waiting for you on the corner. He wants to have a fight. He is very angry with you. What should you do?

(Allow discussion and lead the children to see the wisdom in avoiding the fight.)

2. The student who sits behind you during reading class does not like to pay attention, frequently hits you on the back of the head, and pinches your neck. What can you say to that student? What can you do?

(Allow for discussion of ways to stop unkind and unwanted touches.)

3. Your friend likes to run and play tag on the way to and from school. Sometimes the "tags" get rough and turn into hits and pushes. You have to cross some

Homework: Use magazines and newspapers. Find one or more pictures of people obeying rules and laws. Paste the pictures onto this sheet of paper.

Name _____

busy streets where it is not safe to play tag. How can you say "NO" if the game of tag gets rough and dangerous?

(Allow for discussion of ways to say "no" and lead the children to understand that they have a right to prevent unwanted and dangerous touches.)

4. You are waiting for your mom in the outside eating area at McDonalds. Your mom is inside getting lunch. You are sitting on a bench. An older person you don't know sits next to you and touches you. You don't want the person to be near you or touch you. What can you do? What can you say?

(Lead the children to understand that they have a right to yell and get away from someone in order to prevent unwanted touches.)

5. You and your older sister are home alone. Her boyfriend arrives just as you are about to take a bath. He tells your sister she can watch TV and he'll help you with the bath. You don't need help and you don't want him to touch you. How can you refuse?

(Allow time for discussion among the students. They may share times when they want privacy. Help them to understand that they have a right to privacy and a right to refuse to have other people touch them.)

Closure

Summarize the lesson with a verbal review that recalls kind and unkind touches, safe and dangerous touches. Remind the children that they always have the right to refuse and get away from unwanted touches.

Conclude the lesson by repeating the song from Lesson # 3, "If You're Happy and You Know It"

— shake a hand
— give a hug
— hold a hand
— pat a back

The Fourth Grade Student

Fourth graders are in a state of transition. These students are moving out of the close confines of family into a broader context of life. A growing capacity for self-motivation, responsibility, and self reliance becomes apparent. Fourth graders are group oriented, and they need opportunities for group sharing and co-operative efforts.

The nine-year-old is a person who

- loves to explore the unknown;
- can exhibit sincere loyalty and compassion;
- makes choices out of a context of "conscience";
- is sensitive to peer pressure;
- prefers to be with members of his/her own sex;
- has an increasingly keen interest in relationships, sexuality and the appropriate names of body parts.

Some suggestions for teaching fourth graders

- provide opportunities for group sharing and cooperation;
- encourage them to set goals for themselves;
- help them express loyalty and compassion;
- give practice in making choices;
- help them learn how to deal with peer pressure.

Lesson # 14

CHRISTIAN RESPONSE

Lesson Objective

The students will be able to

C-4 understand and appreciate the importance of loving unselfishly and responsibly.

Overview

The class begins with discussion using Charlie Brown and his friends, then moves to the example of Jesus and his friends. Students are helped to judge which everyday actions are loving, responsible, and faithful. The lesson concludes with the suggestion to tell parents about the class.

Basic Information and Vocabulary

If we are really to love as Christ intends, we have to overcome our own selfishness. Christian loving means showing concern for others, accepting pain and disappointment, using one's human powers productively.

Vocabulary:

unselfishly responsibly

Suggested Materials

"Peanuts" cartoon books or other books showing relationships which are relevant to children
New Testament
Handout # 14, "Think About These"

Teaching/Learning Activities

A. *Introduction*

Begin with a class discussion on relationships.

Suggested questions:

How many of you have ever seen Charlie Brown and his friends on TV or in cartoons or movies?

(Elicit answers.)

What is the name of the girl who always wants to be Charlie Brown's girl friend?

(Peppermint Patty)

What does she always seem to be doing?
How does Charlie Brown act?
Why do you think he acts that way?
Who does Charlie Brown want to be his girl friend?

(Little redhead)

Sometimes we can be very glad or sad about those who love us or those we want to love. Their love can be shown in selfish or unselfish ways.

B. *Discussion*

Using Handout # 14, "Think About These," discuss Case # 1 altogether as a class, then Cases # 2-5 in small groups.

The teacher, while emphasizing that we cannot judge a situation by external actions only, can indicate the probability of these elements when discussing the answers:

1. John's actions appear selfish.
2. Patti's action was responsible.
3. No, this action seems irresponsible and selfish.

4. This kind of touching is not pure, unselfish, responsible.
5. They are loving responsibly and unselfishly.

The teacher must be sensitive to the fact that, despite the desire and effort to work together, some of the childrens' parents are separated or divorced.

(The teacher may wish to invite students to give examples of ways love has been shown to them — if the moment is right.)

C. *Presentation*

In today's lesson I want to talk about a way of loving that is good in every way. It is good because it is responsible, not selfish, and prompts people to want the best for others. Jesus often gave us examples of that kind of love and today our Catholic Church teaches us to practice it.

In this lesson we will examine how Jesus showed love to others.

Introduce the fact that Jesus had many relationships with both men and women. Ask the students to name some of Jesus' friends.

(Lazarus, Mary, Martha, Zaccheus, Mary Magdalene, Peter, John, etc.)

Discuss how Jesus showed love for each person named.

With each person, Jesus' love was always true, loyal, unselfish, responsible. Jesus' way of relating to and loving others is a model for us, a model that is reflected in the teaching of the Catholic Church. We should try to develop this kind of love.

Closure

Whenever we love responsibly and express love that is not selfish, we are imitating the way Jesus loved.

Assignment:

Tell Mom and / or Dad what you have learned today in class about loving unselfishly and responsibly.

Lesson # 15

BASIC INFORMATION

Lesson Objective

The students will be able to
B-4 name three ways in which children can get AIDS.

Overview

The class begins with a discussion of how wonderfully God made our bodies so that they usually protect themselves. Then the teacher introduces AIDS as a disease that breaks down this protection and briefly explains three ways in which children can get AIDS. Students write answers to the two key questions, then offer a prayer of thanks, using Psalm 139.

Basic Information and Vocabulary

The teacher should be familiar with the content of the Orientation section of this manual. In addition, the teacher should assess how much of the factual information has already been learned in science class, then concentrate on the Christian dimensions within these lessons.

By this grade level, correct terminology should be used whenever sexual matters are introduced or discussed.

Vocabulary:

- blood transfusion
- injection
- needle
- drugs
- virus
- body fluids (presentation at this level treats only blood)
- infected

Suggested Materials

Transparency Masters # 15a and # 15b

Teaching/Learning Activities

A. *Introduction*

Have any of you ever heard of AIDS?

Elicit answers to determine prior knowledge and build upon it.

One of the most wonderful facts about our bodies is that God made them so they can often protect themselves. For example, when I went to see a friend who had a terrible illness, I didn't catch it because my body could protect itself. Doctors and nurses work daily to care for the sick and they usually don't catch the disease others have because the human body takes care of itself. God made us that way. For example, a cut finger has power to heal, a broken arm can mend.

Think About These

Case # 1
John wants Jim, his best friend, to always play with him and no one else. He gets mad at Jim when Jim doesn't play with him on the playground. What would you like to tell John if you could?

Case # 2
Mary invited Patty to go to the movies with her. Patty said "yes." Later, other friends invited her to go skating with them, but she remembered her promise to Mary and kept her plans to go to the movies. What would you like to say to Patty if you could?

Case # 3
In his job, Mr. Sam travels from town to town. He now has three wives and families in three different towns. Is he loving responsibly?

Case # 4
Mary is nine years old. At a family gathering, an older cousin asks Mary to let him touch her private parts. He says he wants to show that he really loves her. What would you tell Mary?

Case # 5
Mr. & Mrs. Thompson have three children. Although they have differences, they continue to work together toward a faithful marriage and to care for the children. What would you say to them?

B. *Presentation*

Use Transparency Master # 15a to emphasize these points:

AIDS is a new disease. It is very serious because it destroys a person's ability to fight off infection. At this time, unfortunately there is no cure.

Even though most persons who get AIDS are adults, some children can get AIDS.

Then briefly explain the three ways that children can get AIDS, using Transparency Master # 15b.

How can AIDS be caught?
Through an exchange of body fluids (such as blood) with a person who has AIDS.

This could happen to children
1. if a mother has AIDS before giving birth to a baby
AIDS did not exist when we were born, so none of us could have gotten AIDS through birth. Now that AIDS exists, however, this is a possibility for babies if their mothers have AIDS.

2. if a child uses an AIDS-infected needle
In other words, children can get AIDS if they use injection needles that were used by persons with AIDS. Some AIDS-infected blood is left in an injection needle and can be passed to the next person who uses the needle.

Does this mean that you should avoid injections in a doctor's office or in a hospital? No, doctors and hospitals use new needles. Infected needles are often used by people who use drugs illegally.

The next lesson (# 16) will focus on the harmfulness of drug abuse. At this time, the teacher should focus on the fact that children can get AIDS from infected injection needles and should help the students understand the related vocabulary.

3. if a child received a transfusion of blood or blood products that was not free of the AIDS virus.
This is rare now that blood is checked very carefully.

To the teacher: The other means — sexual relations — is not included in this lesson because the learning objective at this level relates only to how *children* can get AIDS.

C. *Review*

Our bodies were made by God to resist infection — but a new condition called AIDS destroys that power in our bodies. People who have AIDS catch many diseases and, because their bodies can't fight disease, these persons become sick and die.

In your notebook, answer the following questions. I will help you with your answers.

1. What is AIDS?
2. In what three ways can children get AIDS?

Closure

When finished, gather the students in a circle for prayer or have them lower their heads and close their eyes. Light a candle, play background music, invite spontaneous prayers — especially for the ill — and conclude by praying a part of Psalm 139.

Lesson # 16

TRANSMISSION AND PREVENTION

Lesson Objectives

The students will be able to
T- 9 articulate the morality of drug abuse and the risks involved in any use of unsterilized needles;
T-10 suggest ways to deal with peer pressure.

Overview

After a diagnostic true-false quiz, an explanation is given concerning the possible transmission of the AIDS virus through drug abuse. Then the students learn "Rules for Deciding" to help them deal with peer pressure.

Basic Information and Vocabulary

By this age, students should know how to identify and say "no" to dangerous behavior at home or school. They should know the basic AIDS information in Lessons # 10 and # 15.

Vocabulary:

peers	inject
abuse	prescribe, prescription
contaminated	decisively

Suggested Materials

Handout # 16a, True False Quiz
Transparency Masters # 16b and # 16c

AIDS,

a new disease,

is very serious

because

it destroys

a person's ability

to fight off infection.

How can AIDS be caught?

Through an exchange
of body fluids
(such as blood)
with a person
who has AIDS.

This could happen
to CHILDREN through

1. birth when
the mother has AIDS

2. use of
an AIDS-infected needle

3. an AIDS-infected
blood transfusion
(Now very rare)

Teaching/Learning Activities

Session 1

A. *Pre-Test*

Begin with the diagnostic True False Quiz (Handout # 16a). Allow a self-check as well as followup discussion, if needed, to be sure that all students have the correct basic information about AIDS.

Answer Key to True False Quiz (Handout # 16a)

1. False. It is a new disease (discovered in the U.S. in 1981).
2. False. No cure exists.
3. True.
4. False. It is NOT caught through children's everyday activities.
5. True.
6. True.
7. True.
8. True.
9. False. It is not spread in the same way.
10. True.

B. *Introduction*

When the basic facts are known, present additional ideas about drug abuse as follows:

> Part of God's marvelous plan for us is that God created us so wonderfully. Our bodies are capable of existing here on earth and even capable of producing new life. We are ungrateful if we do not care for our bodies. God's fifth commandment reminds us to care for ourselves and others. That includes taking proper care of our bodies through rest, proper food, and exercise.
>
> Have any of you — when you were sick — received an injection like penicillin? Why did the doctor inject that drug?

(To help get better faster, to fight the infection, etc.)

> Penicillin is an example of a drug which can help a person become healthy again. Only doctors can prescribe drugs so that they are used only when they can help people's health.
>
> Sometimes people mistreat their bodies by abusing drugs. That means they take drugs that are not healthy for them. Taking a drug that is not prescribed for you is against the law. Illegal drugs can harm the body very much when they are swallowed or injected into the body.
>
> Remember in our last lesson we learned that AIDS can be gotten through contaminated blood left in needles. Using unsterilized needles can add even more danger to the use of harmful drugs. A needle used by a person with AIDS can put AIDS-infected blood into someone else's blood stream. This abuse of drugs and injections is certainly a misuse of the wonderful bodies that God has given to us.

C. *Discussion*

> Can others force you to do something you don't want to do?

Let students answer.

> Did any of you ever have an experience when someone forced you to do something that you thought was wrong and that you really didn't want to do?

Let students answer. If no examples are given, use some you have prepared in advance; e.g., staying out later than your parents allowed because a friend insisted that you do it.

> All of us at times are caught by the problem of *deciding* when to say "Yes" or "No" to others. In this lesson, I would like to help you learn when you are being pressured by friends (peers) and suggest what you can do.

Recall an example that a student gave or one you have cited and analyze it. Taking the example of staying out later than permitted after school, you could begin to analyze it with the question,

> How could you have decided whether you should have stayed out or gone home?

D. *Presentation and Discussion*

> Some key steps for deciding involve three words, **Think, Judge, Act.** Some persons call these RULES FOR DECIDING.

Apply these three words — Think, judge, act — to the example(s) used earlier. Uncovering the material on Transparency Master # 16b one line at a time, develop the three key words with questions such as the following:

Think —

> If you had thought about staying with your friend longer than permitted, you could have asked:
>
> How will my staying late affect my mom?

(She may have supper dinner waiting at a certain time. She may need my help and I wouldn't be there. She may worry about me, etc.)

Judge —

> What are the reasons *for* staying out later than permitted?

(Give more time to be with my friend. Show my friend that I'm not afraid to do risky things, etc.)

> What are the reasons *against* staying out later than permitted?

(I agreed to return early and should obey parents. If I do this once, my friends will always expect me to do what they want, etc.)

Act —

> What should I really do?

(Stay? Return home? Phone home to see if I can stay later? Other?)

> What will help me act decisively in this situation?

(Move immediately to act rather than continuing to talk with my friend. Use a firm voice and clear words.)

These are three key steps that can often help us to not be forced into doing something wrong that we really don't want to do.

E. *Role Play*

After this example, students could role play with scenarios involving skipping school or religious education class, stealing a very expensive jacket/skirt because they want to be in the "in" crowd, or some other relevant example.

G. *Application*

When the students understand the rules for deciding, apply the rules to drug abuse:

We have discussed situations which can result in our feeling forced into doing something wrong that we don't want to do. Another of these situations — a very serious one — is the use of illegal drugs.

Have any of you heard or seen references to "Saying NO to Drugs"?

(Learn how much is known and build on it. If students know the following facts, the teacher would review the ideas briefly.)

Illegal drugs are very dangerous for many reasons. Besides harming and even destroying our bodies which God has created, there is the possibility of getting AIDS through needles or injections.

Let us be clear how this might happen: If drugs are injected into a person's body by a needle that has been used by a person with AIDS, that injection could pass on the AIDS infection. This will not happen in a hospital or doctor's office where clean needles are used, but it often happens with illegal drugs.

Let us review this by using these "stick" persons (Transparency Master # 16c):

If a person with AIDS uses a needle for drugs and leaves infected blood in that needle, the next person who uses that needle can get AIDS.

Transparency Master # 16b could be used to guide the following:

Let us apply our Rules for Deciding.

If someone invites you to inject illegal drugs, what would you **think**?

What would you **judge** the reasons *for* accepting the offer? the reasons *against?*

How should you **act**?

Closure

Illegal drugs can destroy our bodies that were created by God. Dirty or contaminated needles used with illegal drugs can also spread AIDS infection. We can make better choices by following the Rules for Deciding: Think, Judge then Act.

Please take home your True False Quiz (with correct answers clearly indicated) to share this important information with your parents.

True/False Quiz

Key:
T = True
F = False
? = Don't know

Circle one:

1. AIDS is a disease we have known for centuries. T F ?

2. AIDS is a disease that can be cured. T F ?

3. AIDS destroys a person's ability to fight infection. T F ?

4. AIDS is a communicable disease that is easily caught through children's everyday activities. T F ?

5. It is safe to ride a bus or go to a movie with a friend who has AIDS. T F ?

6. Even though most persons with AIDS are adults, some children have gotten AIDS. T F ?

7. If a mother has AIDS, the virus can enter the baby's body even before birth. T F ?

8. Before procedures were improved, the AIDS virus often could enter the body through blood transfusions. T F ?

9. AIDS is spread in the same way as chicken pox or measles. T F ?

10. The AIDS virus can enter the body through infected blood left in needles. T F ?

RULES FOR DECIDING

THINK —

If I had thought about...,

I could have asked....

JUDGE —

What are the reasons for?

What are the reasons against?

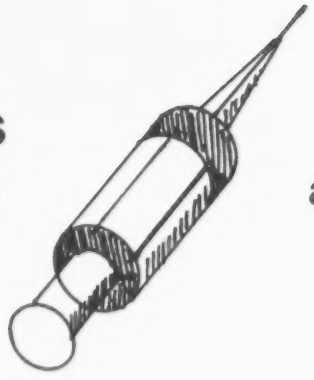
ACT —

What should I really do?

What will help me to act decisively?

If

has AIDS
and uses



a needle for drugs

and leaves blood
within it,

then

who uses
the needle
can get
AIDS.

The Fifth Grade Student

Fifth grade students exhibit the beginning stages of "other centeredness." It is a critical stage for moral development and guidance as these students grow in independence and responsibility.

Ten-year-olds are persons who

- are aware of sexual differences and feelings;
- have many questions regarding sexuality and sexual activity;
- are influenced strongly by the media;
- are usually in a pre-rebellious stage;
- understand right and wrong as measured against a set of values;
- see themselves as persons who are responsible for their own behavior.

Some suggestions for teaching fifth graders

- include the moral dimension whenever appropriate;
- answer questions about sexuality comfortably;
- give appropriate opportunities to exercise independence with responsibility;
- provide opportunities for group projects, giving clear guidelines;
- encourage critical questions about media presentations;
- explain civic, school, and classroom rules in terms of values;
- recognize peer pressure and try to use it positively;
- deal with the reality of peer pressure when discussing decision-making skills.

Lesson # 17

CHRISTIAN RESPONSE

Lesson Objective

The students will be able to

C-5 identify with Jesus' compassion toward the sick as they express compassion toward persons with AIDS and other serious illnesses.

Overview

After students imagine an experience of being alone, frightened, or sick, Jesus' miracles of healing the sick are dramatized. Then a comparison is made between his behavior toward the sick and the students' attitudes toward persons with AIDS. Cards or letters are written to real or imaginary persons with AIDS.

Basic Information and Vocabulary

The teacher should read "A Call to Compassion" (in Section 4) and should review Lesson # 10.

Vocabulary:
compassion

Suggested Materials

New Testament with at least one story selected concerning Jesus and the sick. Suggested passages for dramatizing:

Matthew 12:9-13 the person with the shriveled hand
John 9:1-11 the blind person
Luke 9:37-43 the possessed child
John 5:1-9 the person by the pool

Transparency Master # 10b

Address of an AIDS hospice if the teacher chooses to have students write letters to real persons with AIDS

Teaching/Learning Activities

A. *Introduction*

Sit quietly, close your eyes, and imagine you are on the playground. A group of your classmates begin to "pick" on you. They call you names. One even bites you. Other students who are passing by join the group and begin to tease you. You are alone. Imagine how you feel. . . .

Suddenly your close friend runs across the playground and yells at the group. They feel ashamed. Most walk away. Some of those students tell you that they are sorry. Imagine how you feel. . . .

Give students silent time to ponder this.

Possibly use another example on illness; e.g., the student is ill at home, mother keeps all friends away, doctor finally says you are cured and you can join your family, friends, etc.

How do you feel?

B. *Bible Story*

Read the selected Gospel story.

Ask for volunteers to take the parts for a dramatization or improvisation as the story is re-read.

C. *Response*
Ask the students to write answers to questions such as these:

1. If I were the sick person, how would I feel?

2. If I were someone in the crowd, how would I feel?

3. When Jesus told stories, he always taught us how to act. What was he trying to teach us in this story?

Select some answers of these for sharing with the entire group.

D. *Application*
In the beginning of this lesson we imagined what it would be like to be alone, frightened, isolated. We heard the story of Jesus and how he treated the sick.

Many people in our country today are very much alone, very sick, very frightened. Many of these persons have AIDS.

What can the example of Jesus and the sick teach us about how we should treat persons with AIDS?
(Elicit answers.)

The word "compassion" means the ability to suffer with someone. How could you treat a sick friend with compassion?
(Elicit answers.)

How could you show compassion if your friend lived far away?
(Elicit answers.)

We know that it is safe to visit persons with AIDS.
(Use Transparency Master # 10b to review.)

Some of us may know specific persons with AIDS. The rest of us know that many people have AIDS and are alone. How could we show compassion to them?

If you were to write a letter to or make a card for a person with AIDS, what would you say?
Brainstorm — put words, phrases on board.

Closure

Assign for class time or homework the task of making a card or writing a letter to a person with AIDS. The teacher should decide in advance if persons should be real or imaginary. If real, the products would be mailed or distributed to persons with AIDS at a hospice or home.

Review the concept of compassion and how it allows us to find a way of imitating Jesus' care for others.

Ask students to note examples of compassion whenever they observe it anywhere; e.g., newspaper, TV, radio, playground, classroom, home, etc. Ask for these examples in any spare moments before class or dismissal.

Lesson # 18

BASIC INFORMATION

Lesson Objectives

The student will be able to
B-5 describe the body's immune system and its destruction by the AIDS virus.

Overview

After using transparencies to review information previously taught, new information regarding the body's immune system is introduced. Students then make a mural describing all the facts they have learned about AIDS.

Basic Information and Vocabulary

The teacher should review Lessons # 10, 15, and 16 as well as the related orientation material. If factual material has been learned in science or another class, concentrate on the importance of compassion for the ill.

Vocabulary:
immune "T" cells virus

Suggested Materials

Transparency Masters # 18a, # 18b, and # 18c
Transparency Masters for review (# 10a, # 10b, # 15a, and # 15b) or notes summarizing prior lessons
Mural paper

Teaching/Learning Activities

A. *Review*
Review basic factual information by using Transparency Masters such as # 10a, # 10b, # 15a, and # 15b.

B. *Presentation*

We know some facts about AIDS. Does anyone know how the name AIDS was determined?

Allow students to respond, then complete or confirm using Transparency Master # 18a.

We have already used the term "virus."

Elicit from students or explain that a virus is a living organism too small to be seen by the unaided eye. Some viruses cause disease among people. One of these is the AIDS virus.

We already know something about the body's "immune system." Today we will learn more about that.

Explain Transparency Master # 18b, emphasizing the main ideas:

A healthy immune system
protects the body
from infection and disease.
Special "T" cells defend the body
when it is in danger of illness.

Let us compare the healthy system to an unhealthy one: (Use Transparency Master # 18c.)
The AIDS virus kills the special "T" cells.
For that reason, a body infected with the AIDS virus has a weak defense system and can easily catch other illnesses.

This is the main difference in very simple terms. It is important to note that only a doctor can diagnose AIDS.

Now let us look again at the words represented in the name "AIDS." (Transparency Master # 18a)

Can anyone use one or more of these four words as you explain AIDS?

Try to have all four words used in meaningful explanations about AIDS.

(Examples could be similar to these:
When people acquire AIDS, their immune systems have a deficiency. We call the resulting condition a syndrome.)

Closure

To summarize the information about AIDS, organize the class into five groups and assign each group one of these topics:

AIDS — definition
AIDS — how children can get it
AIDS — how children don't get it
AIDS — its effects
AIDS — the role of the Church — compassion

Each group's members should study their notes or copies of overhead masters from previous lessons regarding their assigned topics. Next they should decide how they will display their information on one section of a mural.

Mural paper — perhaps with spaces outlined for each topic — is placed in a large work area. Each group then completes one fifth of the mural with art work, pictures, etc.

The mural could be exhibited and shared with other classes. It could also be used at a special liturgy or para-liturgical service to pray for persons with AIDS.

Lesson # 19

TRANSMISSION AND PREVENTION

Lesson Objectives

Students will be able to

T- 8 give examples of refusal skills that can be used to say "no" to any risk behaviors;
T- 9 articulate the morality of drug abuse and risks involved in any use of unsterilized needles;
T-10 suggest ways to deal with peer pressure.

Overview

Two drug-related situations will be analyzed by discussion in groups. A signed commitment may be formulated to encourage students to say "NO" to illegal drugs. The motivation will focus on morality as well as the health concerns related to drug-related transmission of AIDS. Symbols of personal commitment could be offered at a liturgy with parents invited.

Basic Information and Vocabulary

The teacher should review Lessons # 13 and # 16 as well as related orientation material in this publication.

Vocabulary:

commit commitment

Suggested Materials

Handout # 19, "Put Yourself in the Situation," for each student plus an extra copy for each recorder. An

A I D S is a new, serious disease.
Its name comes from four words:

A	**Acquired**
I	**Immune**
D	**Deficiency**
S	**Syndrome**

ACQUIRED When you acquire something,
you get something you did not have before.

IMMUNE Immune is the name we give to our body's
defense system.

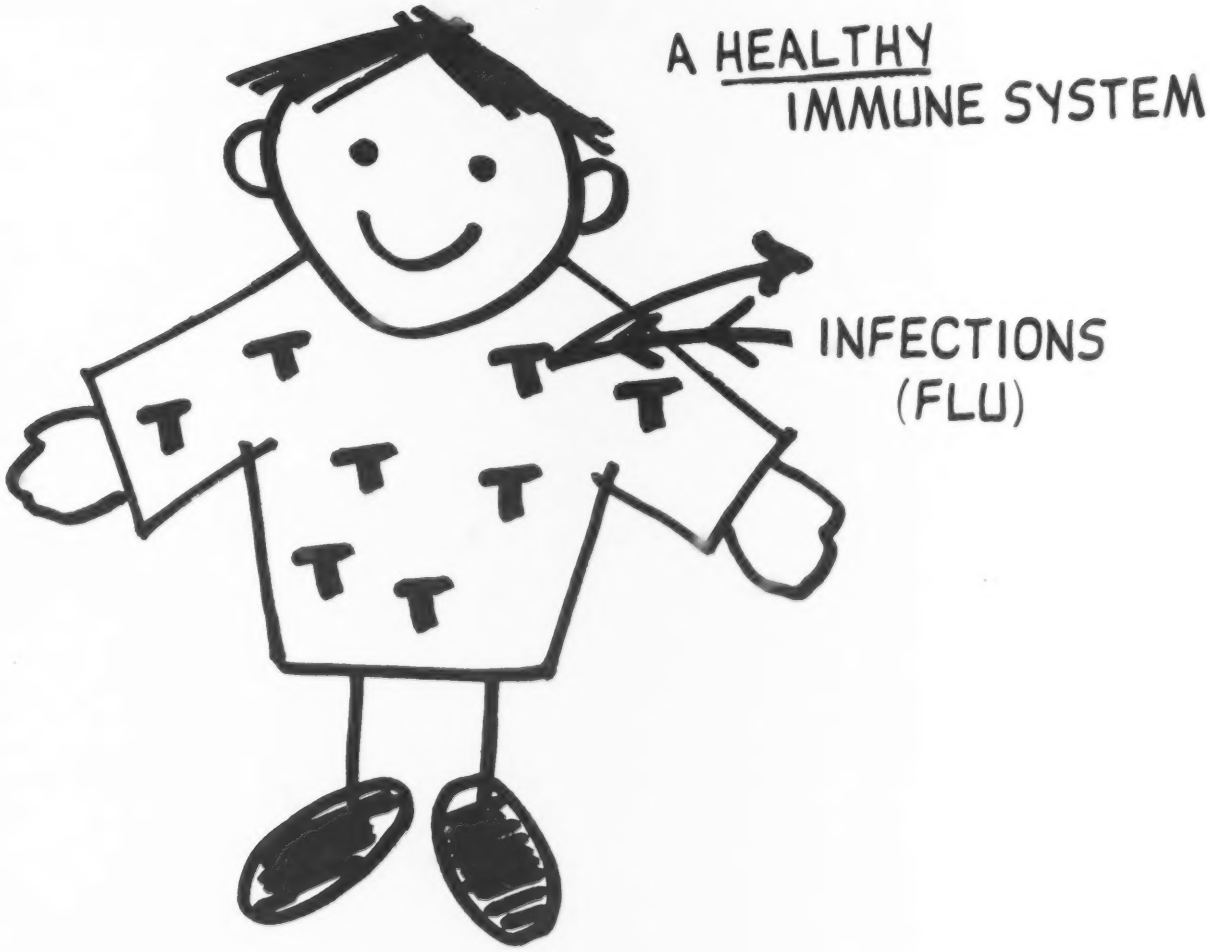
DEFICIENCY If you have a deficiency,
you have a weakness.

SYNDROME A syndrome is more than one symptom.
It is a group of signs that indicate
that we are sick.

A **HEALTHY** IMMUNE SYSTEM

A healthy immune system
protects the body
from most infections and diseases.

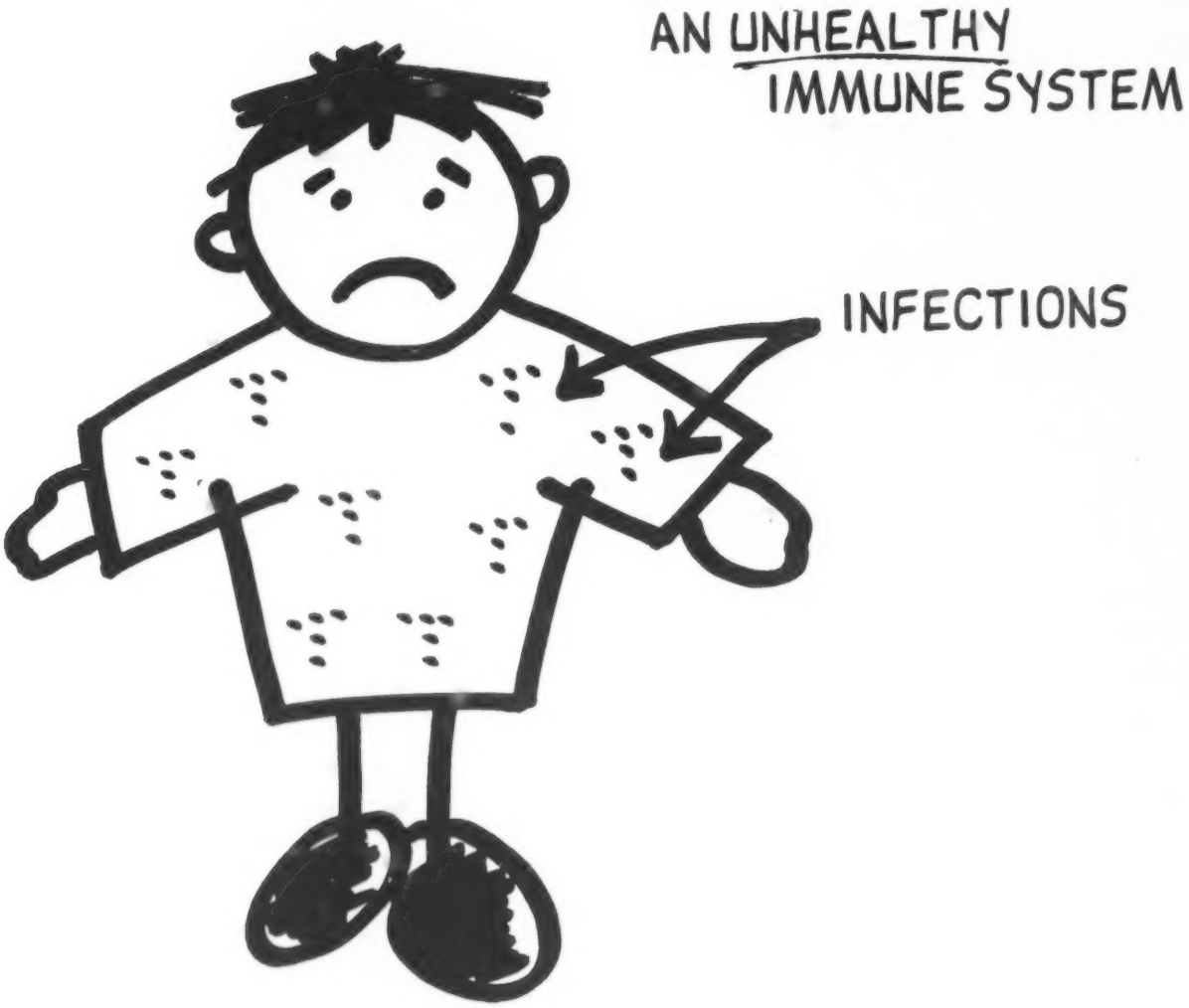
Special "T" cells defend the body
when it is in danger of illness.



AN **UNHEALTHY** IMMUNE SYSTEM

The AIDS virus kills "T" cells.

A body infected with the AIDS virus
has a weak defense system
and can easily catch other illnesses.



alternate approach would be to read each situation aloud with students recording their responses in their notebooks. Commitment papers, if desired, for each student.

Teaching/Learning Activities

A. *Introduction*
Invite students to tell personal stories about peer pressure in their own lives — at school events, at home, at the shopping mall — or ask them to cite examples from college basketball, professional baseball, etc., that show individuals giving in to or resisting peer pressure. Also invite stories that show how a peer group can be very helpful or supportive.

B. *Presentation*
Students often find themselves in dangerous situations because of peer pressure. Sometimes they are urged to do what is morally wrong. Sometimes they can also risk getting AIDS, e.g., if they inject drugs with infected needles. The ability to say "NO" is always difficult but always possible.

C. *Discussion*
Divide the class into groups of 6-8, appointing a recorder in each group. Distribute Handout # 19 — one per student with an extra copy for each recorder — with these directions:

> Put yourself in Situations #1 and #2 as you slowly read them. Then write one or more ways that you would respond to each situation. You will have about ten minutes for the reading and writing of your responses.

After about ten minutes, continue

> Now in your group, generate a master list of suggested responses for the situation. Then discuss reasons for your responses.

Suggestions would then be read by the recorders to share ideas — both responses and reasons — among all the groups. The teacher should listen for both moral and health reasons — or elicit additional responses in a missing area. Should any student respond to the illicit offers in a positive way — allow other students to clarify the danger. If that does not occur, the teacher's response should be clear, strong, calm. The teacher may also want to talk with some students privately.

When discussing Situation # 1, the teacher should remind the students that one injection with an infected needle is all that is needed for AIDS to pass from person-to-person —unless a student mentions this fact.

With Situation # 2, the teacher should mention that illegal drugs can affect a person's ability to make good judgments and, for that reason, often lead to wrong actions.

Closure

Review the fact that AIDS can be transmitted person-to-person through infected needles. Students in Catholic, Gospel-based settings should have greater support in saying "NO" and should be able to help each other in positive ways.

Ask the students to suggest ways in which they could support each other in resisting illegal drugs. If appropriate, act on one of the suggested ways. One example follows:

A very simple statement could be developed. Sample:

> We, in Fifth Grade at St. John's School/Parish, commit ourselves to say "NO" to using illegal drugs.

Depending on circumstances, the statements may be handled in various ways such as the following:

- children may choose individually whether or not to take the statement home and share it with parents;
- children may be allowed privately to sign or not sign a personal copy of the statement;
- statements could be brought up during a prayer service, during the preparation of gifts at a class Mass, etc.

Put Yourself in the Situation

Situation # 1

You are walking home from school with a best friend — later than usual. You have been at basketball or play practice. As you are passing the parking lot, three blocks from home, two older students approach you. One of the students shows you a needle and offers to give you a sample of a drug that he claims will make you feel great! You don't want to get into drugs, but you feel pressured. What do you do? What do you say?

Suggested ways to respond to the older student's offer of drugs:

1.

2.

3.

4.

Reasons considered:

Situation # 2

You had planned to ride your bike to a football game with friends. On your way to the game, one of your friends invites you to skip the game and go to his house; no one is at home. He tells you that you could have a lot of fun. You leave the group and go home with him.

While you are watching TV, he starts to fill an injection needle. He says that a little shot will help you relax. You are very uncomfortable and don't trust him or the needle. How do you say "NO"? What do you do?

Suggested ways to respond to the boy's actions:

1.

2.

3.

4.

Reasons considered:

The Sixth Grade Student

Sixth grade students, although capable of intense loyalty to others, usually appear to be self-centered and self-conscious. It is critical to the on-going maturation and development of these students that they maintain communication and warm, affirming relationships with adults who are significant in their lives.

Eleven-year-olds are persons who

- wonder about their personal and sexual identity;
- rely heavily on peer group acceptance for nurturing of self-esteem;
- can make reasonable choices;
- can analyze situations;
- pursue discovery through experimentation;
- identify with the human person and characteristics of Jesus (healer, teacher, man of compassion, gentle, forgiving, kind).

Some suggestions for teaching sixth graders

- support individual students in times of doubt and questioning;
- answer questions about sexuality comfortably;
- provide opportunities to make choices and accept responsibility;
- suggest ways to analyze situations critically;
- recognize peer pressure and try to use it positively;
- focus both prayer and principle on the person, Jesus.

Lesson # 20

CHRISTIAN RESPONSE

Lesson Objective

The students will be able to

C-6 demonstrate an appreciation of God's unconditional love and relate that understanding to their own treatment of persons with AIDS and other serious illnesses.

Overview

The lesson begins with a brief reminder of God's unconditional love for us and some student role playing of conversations which show everyday examples of unconditional love. A group of students then presents a dramatic reading (or the teacher reads or tells the story) about Jesus' love of the woman taken in adultery. Jesus' love of the woman is related to the unconditional love to be extended to all, including persons with AIDS. The lesson closes with a prayer or a prayer service.

Basic Information and Vocabulary

The teacher should know the story of the woman taken in adultery, John 8:1-11, and should review the content of Lessons # 1, # 4, # 7, # 14, and # 17.

Vocabulary:

adultery unconditional love

Suggested Materials

New Testament, John 8:1-11 (Bibles or copies of the passage as needed to facilitate student written directed play)

One copy of Handout # 20, "Situations for Role Playing," for each small group of students

Teacher's copy of Pope John Paul II's Address at Mission Dolores (in Section 4)

Teaching/Learning Activities

A. *Preparation*

Begin class in a reflective setting with an appropriate reading, such as Paragraphs # 9-10 from Pope John Paul II's Address at Mission Dolores (in Section 4).

What is the main point of Pope John Paul in these words?

(That God loves us unconditionally, forgiving and accepting us even when we fail to do the right thing)

If God loves us unconditionally, forgiving and accepting us even when we fail to do the right thing, then how do you think God wishes us to treat others?

(In the same way, reflecting God's unconditional love)

Because God loves us in this way and asks us to love others in the same way, it is important that we understand

unconditional love. Today you will have the opportunity to create conversations that reflect unconditional love and to role play them.

B. *Situations for Role Playing*
Ask small groups of students to prepare and to role play the conversations as directed in Handout # 20.

C. *Presentation*
Some people are signs in our lives of God's unconditional love. This means that this love will never change, will never run short even though the persons may change. You have just heard several examples of this during our role playing.

We have learned about unconditional love from Jesus. He gave us many examples of this love in his life and was even willing to die for us.

One story that tells about this unconditional love is the story of the woman taken in adultery. (Although we name this story after the woman taken in adultery, the story obviously includes a man — maybe several men — as well as the woman.) A group of your classmates have prepared a short dramatic form of this story based on John's account in the New Testament. In it Jesus again gives us an example of unconditional love, an example of compassion.

D. *Play*
The students present the play
(Costumes, props, scenery, etc., may or may not be used.)

E. *Discussion*
Individually or in small groups, the students respond to questions such as these:

1. How did the crowd feel about the woman and her behavior?

2. What was Jesus' reaction to the crowd? to the woman?

3. If you were the woman, how would you want to be treated?

4. What can we learn from the way Jesus treated the woman?

F. *Transition*
Because of the way Jesus treated the woman, she was changed. It was the experience of Jesus' unconditional love and forgiveness that made it possible for the woman to forgive herself and to start a new way of living. Her family and neighbors probably accepted her after they heard how Jesus treated her.

We have been studying the deadly condition of AIDS. Now that we have studied Jesus' compassion for the woman, this is a good time to reflect on how we as followers of Jesus should treat others — including persons with AIDS.

G. *Application*
Using the same or different settings as for Questions 1-4, ask students to respond to the following questions:

5. In the light of Jesus' compassion, how should we treat students or other persons with AIDS?

6. If a person in your family has AIDS, how would you feel? How would you want people to treat your family member?

7. What can you do to comfort families of persons with AIDS?

Closure

Close with this short prayer or develop its theme into a prayer service:

We give you thanks, our God, for your unconditional love. We are especially grateful that you gave us Jesus to show us what unconditional love means in our day-to-day living. We thank you for others who express some form of unconditional love in our lives — our parents, our teachers, our friends. Finally we ask that you help us to develop that kind of love — forgiving, compassionate, lasting — within our lives. We ask this, our God, through Jesus who models this kind of love for us. Amen.

Situations for Role Playing

1.

Characters: Father and son

Situation: A boy returns home with his bike. He is unhurt, but the bike is seriously damaged after being hit by a car. The boy's dad had told him not to take his bike to town on this particular day because of holiday traffic.

Direction to students: Create a conversation between the boy and his father that reflects the unconditional love of God for us.

2.

Characters: Two girls who are sisters

Situation: Alice had given Mary her new jacket to wear on her class trip. At some point during the day, the jacket was lost or stolen. Mary is afraid to tell Alice that her jacket is missing.

Direction to students: Create a conversation between the sisters that illustrates the genuine forgiveness that will remind us of the way God loves and forgives us.

3.

Characters: Boy and his teacher

Situation: Mike has always been honest, respectful, and reliable. Mrs. Holmes was supervising the playground and asked Mike to do her a favor. She gave him her school key and asked him to go to her classroom and get her raincoat. When Mike got to the room, he realized that the mathematics tests, scheduled to be given that afternoon, were on Mrs. Holmes' desk. Mike took a copy of the test along with the coat and returned to the playground.

At lunch that day, Mike and two of his friends worked the math problems in advance. The three boys had perfect scores on the test. When Mrs. Holmes called Mike to her desk at the end of the school day and asked him why he looked so nervous, he told her the truth.

Directions to students: Create a conversation between Mike and Mrs. Holmes that illustrates unconditional love and reflects God's unconditional love for us.

Lesson # 21

CHRISTIAN RESPONSE; BASIC INFORMATION; TRANSMISSION AND PREVENTION

Lesson Objectives

Students will be able to

C- 4 understand and appreciate the importance of loving unselfishly and responsibly;

C-12 understand and appreciate that sexual activity and sexual intercourse have meaning and purpose only within a marriage commitment;

B- 6 define homosexuality and related Church teaching;

T-12 identify four ways the AIDS virus is transmitted and prevented.

Overview

The lesson begins with ideas on how people communicate, reviews the importance of loving unselfishly and responsibly, then bridges to sexual intercourse as an intimate form of communication and love. Chastity is introduced as a virtue that helps persons love unselfishly and responsibly. In simple terms the Church position on sexual intercourse and homosexuality is presented. A Matching Exercise checks basic understanding of the key concepts, and the lesson closes with prayer.

Basic Information and Vocabulary

The teacher should review Lessons # 14 and # 15 as well as the related orientation material. The teacher can also prepare for the lesson by reading "AIDS: Time for a Moral Renaissance" by Cardinal Basil Hume of London (in Section 4).

Some background for the teacher about chastity follows:

Genuine chaste love is not selfish, possessive, or smothering but unselfish, non-possessive and freeing. Chastity presumes that one is faithful to God, to self, and to others.

Chastity is practiced in different forms in marriage, the single state, the priesthood and religious life. In marriage, chastity focuses on the faithful love between the husband and wife. For the single person, chastity refers to virginity practiced as long as the person is in the single state. In religious life, chastity is often called consecrated celibacy; this means virginity as a response to a Gospel invitation or virginity consecrated to Jesus Christ.

Helps to chastity include sound instruction about health, sex, and relationships as well as prayer, counseling, and the celebration of the sacraments of Reconciliation and Eucharist.

The following selections may be helpful to the teacher:

"Persons by nature are sexual beings, endowed with sexual desires or drives. Some regulation of one's sexual appetite is required by the nature of human life, both personal and social. When self-moderation and self-regulation in sexual life are practiced, the natural virtue of chastity exists."
("Chastity," *Catholic Encyclopedia*)

"Mere conscious rejection or unconscious repression of sexuality is not chastity, for neither constitutes a moral moderation of sexuality but only warps and frustrates it."
("Chastity," *Catholic Encyclopedia*)

"Chastity, which includes self-control, not only protects you from AIDS but also helps you to develop who you are right now. Self-discipline is an integral part of the mature personality. . . ; the recovery of the virtue of chastity may be one of the most urgent needs of contemporary society."
("A Call to Compassion," Pastoral Letter by California's Bishops; in Section 4)

Vocabulary:

sexual intercourse	gay or lesbian	vagina
heterosexual	chastity	penis
homosexual	morality	semen

Suggested Materials

For review, Transparency Master # 15b
Transparency Master # 21a
Matching Exercise — Handout # 21b

Teaching/Learning Activities

A. *Introduction*
Ask the students to help name many ways we communicate with each other and make a list on the board (talking, touching, facial expression, etc.) Then proceed with ideas similar to these:

In all of these means, we may not allow other persons to really "know" us. We can easily hide our honest selves. However, when we love someone, we want to reveal our true selves and to be loved and accepted in return. We are not fearful of being known. We choose to spend time with a person we love. We want to know all about a loved one, so we find many ways to communicate.

B. *Presentation*
Married couples experience and express feelings of love in many ways including words, hugs, and kisses. This is, of course, natural and good. In God's plan, when people committed to marriage want to *communicate totally* and create new life, they continue to express their love, reaching the fullest expression as they unite their bodies in sexual intercourse. This is a very loving act between a husband and a wife that is an intimate sexual expression of their love for each other. During this loving act, the

man places his penis (the male reproductive organ) in the woman's vagina (the passageway to the uterus or womb). This is a very special moment within marriage.

The act can be used, however, in ways that can be harmful — in terms of morality and in terms of health. First, let us look at the morality — at right and wrong.

The Catholic Church teaches that intimate (close) sexual activity is right and good within marriage, but it should occur only within the relationship of marriage. Marriage calls each of the partners to be committed exclusively to each other for life. The Church clearly teaches that intimate sexual activity outside of marriage is seriously wrong.

In other words, it is wrong and harmful if young unmarried persons do not control their feelings of love until they can express them fully within marriage or if a man and woman who are not married to each other use this special expression. Many people have witnessed the havoc that can result to relationships and families.

What might be some of the reasons for the Church's teaching that intimate sexual activity should be reserved for marriage?
(keep the relationship special, provide for resulting children, symbolize a genuine unity, give family stability)

Some people today say it is impossible to respect this expression of special relationship and to keep it within marriage. But God our Creator has said it is possible and gives special help through a virtue called chastity. Chastity can be explained in many ways:

- as a virtue that helps persons to love unselfishly and responsibly;
- as a virtue that helps to control sexual desires;
- as a gift that enables persons to direct their sexual energies in ways that respect the wonder of their bodies and that communicate love unselfishly.

In addition to the issue of morality is the issue of health. There is also the danger of one of the partners contracting AIDS if the other partner has the AIDS virus.

Does anyone recall the ways that *children* can get AIDS?
Use Transparency Master # 15b to review.

Continue with Transparency Master # 21a:
Just as a person's blood can carry the AIDS virus, so too can the virus be carried in certain other body fluids — in the semen, the fluid from a man's penis or in the fluid in a woman's vagina. The most common way AIDS is spread among teenagers and adults is through intercourse with more than one partner. The more sexual partners a person may have, the greater are that person's chances of getting the AIDS virus.

God's command to be faithful to one another — given as early as Adam and Eve — not only protects family life; it can also keep AIDS from spreading through the exchange of body fluids that occurs in sexual intercourse. If a couple is faithful to each other, they will eliminate the most common way that AIDS is caught.

C. *Review*
Although sexual intercourse is a wonderful God-given means of communication and expression of love within marriage, we know it can be harmful in two ways. Who can tell us these ways?
(Morally harmful if persons are not married to each other; harmful to health if one of the two persons has the AIDS virus.)

D. *Clarification*
We have been talking about the ordinary situation in which a man and a woman engage in sexual activity. There is a long word that describes a person who has a sexual preference for persons of the *opposite* sex. Does anyone know what that word is?
(heterosexual)

There is a word that looks similar to this word — homosexual. Briefly, a homosexual is a person who has a sexual preference for persons of the *same* sex. If the person is a man, sometimes he is called gay; if the person is a woman, sometimes she is termed lesbian.

Earlier we said that God expects a man and a woman not to engage in heterosexual activity outside of marriage. God expects them to live chastely. Although the circumstances are very different, there should be no sexual activity between homosexuals. God requires that they too develop and live the virtue of chastity.

Note to teacher: This section on homosexuality is an important but *brief* clarification. More will be included in Lesson # 34.

E. *Review*
We have covered a number of important ideas in this class. Let us see how many ideas you can remember by doing this Matching Exercise. (Handout # 21b)

Closure

Review by giving correct answers.
(Key for Column 2: # 3, 4, 1, 2, 10, 6, 5, 7, 8, 9)

Close with a prayer to use the gift of human sexuality according to God's plan. One suggestion follows:

Our God, you have created us as good persons. You have made us as total persons — with maleness or femaleness. We thank you for all of your gifts — including your gift of sexuality. We accept this gift which makes us who we are and affects how we relate to each other and to the world around us. We ask that you help us always to be grateful for this gift, to respect our sexuality and that of others, and to use this gift and all your gifts according to your plan. We ask all this through Jesus. Amen.

How can AIDS be caught?

Through an exchange of body fluids
(such as blood or semen or vaginal fluid)
with a person who has AIDS.

This can happen

1. during sexual intercourse
   with an AIDS-infected person
2. through use of
   an AIDS-infected needle
3. through birth
   when the mother has AIDS
4. through an AIDS-infected
   blood transfusion
   (now very rare)

MATCHING EXERCISE

Directions: Put the # of the item of Column 1 that best matches in the blank of Column 2.

Column 1		Column 2
1. homosexual	_____	male reproductive organ
2. sexual intercourse	_____	carried in blood, semen, vaginal secretions
3. penis	_____	a person who has a sexual preference for persons of the same sex
4. AIDS virus	_____	sexual joining of two individuals
5. heterosexual	_____	female passageway to the uterus or womb
6. transmit	_____	to pass from one to another
7. Catholic Church teaching	_____	a person who has a sexual preference for someone of the opposite sex
8. AIDS	_____	intimate sexual activity shall occur only within the relationship of marriage
9. chastity	_____	a disease state that is most commonly spread among teenagers and adults through intercourse with an infected person
10. vagina	_____	a virtue that helps persons to love in an unselfish and responsible way

Lesson # 22

TRANSMISSION AND PREVENTION

Lesson Objectives

The students will be able to
T-10 suggest ways to deal with peer pressure;
T-11 explain basic safety precautions related to emergency procedures;
T-13 discuss Christian response and health hazards related to any experimentation with sex or drugs.

Two sessions are recommended.

Overview

By means of a letter or a guest speaker, the students may have an opportunity to communicate directly with a person with AIDS. The students will either read a recent letter from a person with AIDS or personally interview a person with AIDS regarding the effect of peer pressure in his/her life, especially peer pressure that led to experimentation with sex or drugs. (An alternate activity involves using the letter provided; it is based on one of the "many faces" of AIDS in the USCC document.) The students then reflect on Jesus' response to both the person and the peer pressure. The ideas learned from this activity may be shared with others. In the second part of the lesson, students learn safety precautions for handling blood during accidents.

Basic Information and Vocabulary:

The teacher should review Lessons # 13, # 16, # 19, and # 21 as well as the related material in the orientation section.

Suggested Materials

Transparency Master # 21a
Handout of either a recent letter from a person with AIDS or the following letter, based on a selection from "The Many Faces of AIDS: A Gospel Response":

"When I was young, my friends always pushed me to escape from my mother's house. They (and me too sometimes) thought the house felt like a prison. The best escape came through drugs. They showed me how to do it, always found a supply, and shared their needles. Now after being really sick for about six months, I have been admitted to a hospital — with no money to pay the bills. They tell me I have AIDS. I don't know how all this has happened to me. Sometimes I don't think I have any control of life. Sometimes I think I gave my friends too much control of my life."

Teaching/Learning Activities

A. *Preparation*
Elicit a letter from a person who has AIDS, giving the person's major life points and the current situation, (or use the brief letter provided) or invite a carefully selected person with AIDS — preferably with a Christian value system — who is willing to be a guest speaker.

B. *Presentation*
Ask the person who is writing or speaking to the class to tell how he or she yielded to peer pressure and began to experiment with sex or drugs.

C. *Reflection and Discussion*
In small groups, ask the students to reflect upon the question,
What can you learn from this experience?
If Jesus were to meet this person today, how would he respond?
If Jesus had been in this person's place at the time of the peer pressure, how would he have responded?

Discuss some responses to the reflection questions, taking care that two points emerge:
1. Jesus' empathy with the seriously ill person;
2. Jesus' teaching that we can — with God's help — overcome temptation and choose good.

D. *Assignment*
Then give a wide choice of topics for a related assignment. This will increase students' interest in each other's reports. Some possible assignment ideas follow:

1. Write a short theme or commercial on Coping with Peer Pressure Today.

2. Interview others by tape on the topic:
How can I withstand peer pressure in regard to drugs, sex, or other areas?
Interview 3 peers
3 teachers
3 parents
principal or DRE
pastor

3. Give Scriptural examples of Jesus responding to pressure.

Closure of First Part

In class — as a whole or in small groups — hear students' themes, commercials, Scriptural examples, and overviews of taped interviews. If desired, decide which items would be of interest to others and either publish some that would be appropriate in the school/parish newspaper or share them

in a closed-circuit television broadcast for the upper grades or parent group.

D. *Review* (To Begin Second Part)

Begin this part with a review of the four ways that AIDS can be caught through exchanging body fluids with a person who has AIDS (as on Transparency Master # 21a):

- during sexual intercourse with an AIDS-infected person;
- through use of an AIDS-infected needle;
- through birth when the mother has AIDS;
- through an AIDS-infected blood transfusion (now very rare).

E. *Presentation*

In addition to these four ways, one other situation might allow an exchange of blood with an AIDS-infected person. AIDS could possibly be caught when responding to a medical emergency — like a serious accident on the playground or a wreck on the highway — when persons are hurt and bleeding seriously.

Note: Give facts but diffuse fear.

A small number of doctors and nurses have been infected when they handled AIDS-infected blood without proper precautions. That is why some health experts tell us to be very careful with accidents that involve much bleeding. Remember that the AIDS virus can be in people's blood without them knowing it. If ever you, your family, or anyone else should find someone hurt and seriously bleeding — you should be careful.

(Role play) If I have a big cut on my hand and I wipe up a lot of blood of a person who has the AIDS virus, I could get the virus. As much as possible, try to call an adult if a serious accident occurs. If possible, don't handle it yourself.

Whoever handles an accident should use rubber gloves to help a seriously bleeding person or to clean up a lot of blood. That's the safest way. The AIDS virus does not live long when washed with a bleach-and-water solution (1 part bleach in 10 parts water). A good soap-and-water hand washing will also kill the virus.

F. *Practice*

Let us pretend that you and your Uncle Joe are home when the electrician comes to replace some wiring. Unfortunately, the electrician falls from a ladder, hits his head, and bleeds seriously. After the injured worker is taken away in an ambulance, your uncle reaches for paper towels to clean up the blood.

Now please move together into pairs. Each of you closest to the windows will become Uncle Joe. The other will now explain to Uncle Joe what would be a safer way to clean up the blood and why he should use the safer way.

G. *Summary*

To help us check whether our explanations were complete and accurate, let us list on the board some basic safety precautions that anyone should use when an emergency involves a seriously bleeding person:

(Use rubber gloves; try not to get blood in any open cuts. Clean up with 1 10 bleach water solution. Wash hands with soap and water.)

Closure of Second Part

Take time to copy the basic safety precautions in notes. Then suggest that the students share these with older members of their families.

The Seventh Grade Student

Seventh grade students continue to search for their identity, with their sexual identity playing an increasingly central role in their development. Frequently they are confused by their feelings for members of their own sex. At this time, when they need answers to specific questions related to their own social and physiological development, they are embarrassed and fearful of appearing uninformed.

Twelve-year-olds are persons who

- worry about the changes in their own bodies;
- understand that behavior has consequences;
- need basic information about sexuality and their own feelings;
- can make choices and judgments related to criteria;
- question religious teachings as they mature in faith development.

Some suggestions for teaching seventh graders

- use some process that allows students' questions to be answered quickly and comfortably;
- clearly present body changes that can be expected as well as the time variations among individuals;
- demonstrate in classroom prrocedures that behavior has consequences;
- allow opportunities to express personal feelings;
- give practice in making judgments using criteria;
- recognize peer pressure and try to use it positively;
- be at ease with questions about religious teachings;
- support students, especially when confused or doubting.

Lesson # 23

CHRISTIAN RESPONSE

Lesson Objectives

The students will be able to

C-7 describe in accurate and sensitive terms what it is like to have AIDS;

C-8 reflect on the pain of persons who have AIDS and on the trauma experienced by their families;

C-9 respond to any prejudice or alienation shown to persons with AIDS with a sense of conviction and compassion.

Overview

After the students prayerfully reflect on the story of Stephen, the teacher describes symptoms of AIDS, then invites group discussion about the trauma of persons with AIDS and their families. The lesson can close with the spontaneous enactment of a modern parable and a take-home chart to share with students' parents. Throughout the lesson, the teacher models the use of accurate and sensitive terminology.

Background Information and Vocabulary

The teacher should be familiar with the content of Lessons # 17 and # 20. The teacher may, if desired, include other terminal diseases in the discussion of AIDS.

Vocabulary:

AIDS	fatigue
challenge	responsibility
trauma	symptoms
compassion	pastoral statement
Kaposi's Sarcoma (KS)	opportunistic infections

Pneumocystis Carinii Pneumonia (PCP)

Suggested Materials

New Testaments (for students)

Copies of the story about Stephen in "A Challenge and a Responsibility," by Cardinal Joseph Bernardin (in Section 4)

Transparency Master # 23a, Symptoms of AIDS

Handout # 23b, Questionnaire on Cardinal Bernardin's Pastoral, for student groups

Handout # 23c, Christian response worksheet

The teacher may wish to prepare to teach the lesson by viewing a 22-minute segment of the American Red Cross videotape, *Beyond Fear*. Entitled "The Virus," the segment explains the virus, shows three people with AIDS, and talks with one of their families. The teacher needs to be aware that the second segment of the three-part video is not consistent with Catholic teaching.

Teaching/Learning Activities

A. *Introduction*
To set the learning climate, the teacher invites the students to place themselves in a posture of prayer and reflection.

1. The teacher begins the class by telling or reading the "Story of Stephen" from Cardinal Bernardin's Pastoral Statement (in Section 4).

2. The teacher and students spend time in silent reflection.

3. The class is encouraged to respond in simple, spontaneous prayer.

B. *Presentation*
To help the students understand what it is like to have AIDS, the teacher describes the physical symptoms and opportunistic infections and cancers related to AIDS.

One of the striking qualities of this illness is the tremendous variation in how it affects different people. Most persons with AIDS die within two years, yet some people have been living for several years after an AIDS diagnosis; others die within a few weeks of diagnosis. Some are sick and fatigued throughout its course; others alternate between periods of health and illness.

At the onset, however, most people report several of the following symptoms:

Teacher uses Transparency # 23a, Symptoms of AIDS

- unexplained persistent fatigue
- unexplained fever, chills, night sweats
- unexplained weight loss
- unexplained swollen glands (neck, armpits, groin)
- purple or red, flat or raised blotches on or under the skin
- persistent white spots or unusual blemishes in the mouth
- persistent diarrhea
- persistent dry cough

Some of these symptoms seem like common signs of cold or flu. The key is they are severe in nature and last over several weeks.

AIDS cannot be self-diagnosed. Any persons concerned about their symptoms should consult with their physician.

The teacher continues to explain to the students about *opportunistic infections and cancers* related to AIDS.

Opportunistic infections and AIDS-related cancers include a variety of diseases which occur in persons who have depressed immune systems. Two of the most common and most serious are referred to as PCP and KS.

Pneumocystis Carinii Pneumonia (PCP) is the most dangerous and most common infection found in people with AIDS. It is caused by a one-celled parasite which produces severe respiratory infection. People with PCP usually have a low-grade fever, a persistent dry cough, shortness of breath, and extreme fatigue. Some describe PCP graphically by saying, "It's like having your lungs filled with cotton candy. You can't get enough air into your lungs." Most of us have been exposed to PCP in our lives but our immune system keeps the parasites under control.

Kaposi's Sarcoma (KS) is a type of skin cancer associated with AIDS. It is characterized by purple, blue, or red patches, flat or raised, occurring on top of the skin. KS lesions look like bruises that do not go away.

C. *Discussion*
When the students can describe in accurate and sensitive terms what it is like to have AIDS, the teacher can move further: to a sense of the family's trauma and toward a sense of compassion.

The teacher invites and lists responses from students to the following:

- What do you feel it is like to be a person with AIDS? a family member of a person with AIDS?
- What are the fears and worries of a person with AIDS? the kinds of discrimination the person may experience? the alienation even from one's closest family members?
- What Scriptural examples can you recall that suggest how Jesus would respond to a person who is in pain? who is very weak?

D. *Group Discussion*
This group discussion is designed to lead students toward a compassionate response to the problem of AIDS in our society.

The teacher divides the class into groups and appoints within each group a leader to keep the group "on task" and a reporter to summarize the group's response. Each group receives a copy of Handout # 23b, "Questionnaire on Cardinal Bernardin's Pastoral Letter." Each group discusses the first two questions related to "Story of Stephen." In addition, each group is assigned questions on *one* of the three following segments: Gospel, Society, or Church.

At the end of a designated period, the reporters present the insights and responses of their groups to the class.

The key points to be elicited (if they are not reported) are evident in the pastoral statement. The four sections in Cardinal Bernardin's statement parallel the four sections on the student questionnaire.

E. *Student Activity*
Volunteer students will be invited to enact a spontaneous scenario: "Modern Parable of the 'Story of Stephen' and the Response of Jesus through the Members of His Church."

SYMPTOMS OF AIDS

- Unexplained persistent fatigue
- Unexplained fever, chills, night sweats
- Unexplained weight loss
- Unexplained swollen glands (neck, armpit, groin)
- Purple or red, flat or raised blotches on or under the skin
- Persistent white spots or unusual blemishes in the mouth
- Persistent diarrhea
- Persistent dry cough

QUESTIONNAIRE ON CARDINAL BERNARDIN'S PASTORAL LETTER

Story of Stephen

1. What were some of the difficulties Stephen faced as a result of his illness?

2. Discuss alternative ways Stephen's family could have responded to the news of his illness.

Gospel

1. What would you say to a person who believes that AIDS is a punishment from God? Do you believe that sickness and suffering are God's way of punishing us?

2. How would Jesus respond to a person with AIDS? How would he minister to that person's family?

3. How would you describe the challenge and responsibility of Christian persons toward persons living and dying with AIDS?

Society

1. How can we dispel our fears, prejudices, and misconceptions about people who have AIDS or any other communicable disease?

2. What specific things can society do to respond to the human needs of persons with AIDS?

3. What can you do as an individual to respond to the human and spiritual needs of persons infected with the AIDS virus?

Church

1. How can we help one another to form "a correct, compassionate, and healthy attitude" toward those who have AIDS and their families?

2. How would you feel if you knew (OR How do you feel knowing that) someone in your class/school/neighborhood has AIDS?

3. How could you respond in a Christian way to that person and the family?

CHRISTIAN RESPONSE TO AIDS	
CONCEPTS	**COMMENT**
Attitude: Personal response toward AIDS What would I say to a person who believes that AIDS is a punishment from God? How can I help to form (in myself and others) a correct, compassionate, and healthy attitude toward those with AIDS and their families?	
Prayer: Spiritual response in communion with God How would Jesus respond to a person with AIDS? What can I do to respond to the human and spiritual needs of those who have AIDS?	
Education: Value response in discerning facts from myths How can I dispel my own and others' fears, prejudices, and misconceptions about people who have AIDS?	
Ministry: Personal response toward persons with AIDS How could I respond in a Christian way to a person or family living with AIDS? How would I respond if someone in my class has AIDS?	

Closure

The teacher provides the students with Handout # 23c, a chart on the Christian response suggested by Cardinal Bernardin. This response involves attitude, prayer, education, and ministry as reflected in the life and teachings of Jesus.

Each student completes an individual chart. Students are then encouraged to share their charts with their parents and to discuss the words of Cardinal Bernardin as well as their own reflections on AIDS.

Lesson # 24

BASIC INFORMATION

Lesson Objectives

The students will be able to

B- 7 discuss the tests used to detect antibodies to the AIDS virus (HIV);

B- 8 explain that the origin of AIDS is unknown and that some hypotheses can impute blame unjustly.

Two sessions may be desired.

Overview

This lesson will give students factual information regarding AIDS testing and the history of AIDS. The students will be involved in discussing the issues and will be challenged to search for ways to help further AIDS research.

Basic Information and Vocabulary

The teacher should be familiar with the information in Lessons # 21 and # 23, reviewing with the students as needed.

Vocabulary:

AIDS	hypothetical
virus	antibodies
ELISA	

Suggested Materials

Transparency Master # 24a, "Testing for AIDS"
Handout # 24b, "AIDS — Some Historic Highlights"

Teaching/Learning Activities

A. *Introduction*
To set the climate for this lesson, the teacher poses a moral dilemma (i.e., a scenario about a person who has AIDS and is rejected) for the students' reflection. A sample follows:

> In the large apartment complex where you live, your friend's father has been diagnosed with AIDS and has lost his job. Other families living in the building have found out and are petitioning for your friend's family to move. How do you feel about this situation? Do you think they should have to move?

After some quiet reflection the teacher should invite spontaneous invocations for those suffering from discrimination, prejudice, and alienation — in this way beginning the class with prayer.

B. *Presentation*
Using Transparency # 24a, "Testing for AIDS," the teacher explains to the students how AIDS is diagnosed:

> There is no simple single laboratory test for AIDS. Usually a doctor begins by asking about the medical history of the patient, then gives the person a physical examination and may perform a series of tests. Doctors may *examine* many persons who are concerned about AIDS; laboratory *testing* may not be required in all cases.
>
> The doctor ordinarily talks to the patient about the physical symptoms, like swollen lymph glands, weight loss, night sweats, fatigue, and certain kinds of skin conditions. If these signs last over a long period of time, the physician will request blood tests.
>
> Three types of tests may help in diagnosing AIDS or AIDS-related conditions:
> 1. Blood screening tests for the AIDS virus antibody;
> 2. Test of the immune system;
> 3. AIDS virus tests.
>
> 1. Blood Screening for the AIDS Virus Antibody
> Since testing blood for the AIDS virus itself is difficult and costly, mass screening uses a test that finds *antibodies* to the AIDS virus. In other words, the test checks whether the body has formed substances in response to the foreign agent of AIDS.

One of the cheapest and simplest methods is called the ELISA test, in which a blood sample is added to bits of proteins from AIDS virus grown in the laboratory. (ELISA = enzyme-linked immunosorbent assay) If the blood contains antibodies, they will attach to the virus particles. Chemical reactions will then change the color of the mix.

The test, however, often indicates the presence of antibodies when none are actually there. For that reason, an ELISA is not called "positive" until the test is repeated and confirmed or another test is used to confirm the results from ELISA.

If antibodies are found in a person's blood, it does not necessarily mean that the person has AIDS or will go on to develop AIDS. It simply means that some time in the past, the virus has entered the person's bloodstream.

Most scientists believe that a significant percent of those who have the virus will go on to develop AIDS; they believe that it may take many years, but it will eventually happen. Some people have the AIDS virus in their bloodstream for a number of years and do not develop symptoms of AIDS, but they can spread the virus to others.

2. Test of the Immune System
To check the immune system of a person with suspicious symptoms, a doctor can order special analysis of the white blood cells and antibodies of that person. Remember, every person has a natural ability to fight disease. People who have AIDS have many severe problems with their immune systems.

3. AIDS Virus Tests
Very specialized tests used in research can tell whether the AIDS virus is actually in a person's blood. These tests have not been released yet to diagnose AIDS. Researchers are currently working to develop simpler ways to test for the AIDS virus in the blood.

What happens after a person is diagnosed as having AIDS? At this time, there is no cure for AIDS. Some drugs increase the length of time that some people can live with AIDS or may relieve some of the symptoms. Medicine has improved somewhat in treating the opportunistic infections that develop after the AIDS virus damages the body's immune system. Unfortunately, no one has recovered from the condition. People with AIDS usually die within two years after having been diagnosed.

C. *Review*
1. Is there a test for AIDS?
2. In what ways can AIDS be tested?
3. Is there a blood test to detect infection with AIDS? How is it used?
4. How is AIDS treated?

D. *Student Activity*
The teacher invites student brainstorming on the question:
Who would benefit from AIDS testing?

The teacher or a volunteer student lists responses on the chalkboard under the above question. When using the brainstorming technique with students, it is important to allow them the time and freedom to list every possible answer. Needed clarifications can be made after the brainstorming.

Sample responses:

- someone who is having symptoms of AIDS or an AIDS-related illness over a long period of time
- intravenous drug abusers
- anyone who has been sexually active with more than one person or with someone whose sexual history was unknown
- sex partners of anyone engaging in any of the above high risk activities
- any woman who is considering bearing a child if she has engaged in the above high risk activities or if she has had sex with a person engaging in high risk activities.
- a nurse, doctor, dentist, or any other health worker who has an accidental and significant exposure to body fluids of persons with AIDS
- people who have received many transfusions of blood or blood products after AIDS first surfaced in about 1980 and before March, 1985 when the American Red Cross began screening blood donations

At the end of the brainstorming session, the teacher should take the occasion to dispel erroneous ideas, to clarify factual data, and to caution about the importance of not giving in to unfounded fears.

To conclude this concept, the teacher should make known to students that the results of medical tests are given in a confidential manner to the person who is tested. In some states, positive test results of a person's tests must be shared with Public Health authorities to help control the spread of the AIDS virus.

According to American Red Cross information, the local public health department should be contacted to determine where tests are available in a specific area, if the test is free, if a parent's permission is necessary, and whether positive results are reported to public health authorities. The teacher may wish to get this information and make it available. The teacher may also stress that, by learning about AIDS, many people will realize that they have not put themselves at risk and do not need testing.

E. *Optional Debate*
The class could use the debate format to examine the issue of AIDS testing further.

Resolved: "AIDS testing should be mandatory before people get married!"

If so, the students would draw for affirmative and negative positions, take time for preparation, then present arguments. Some possible organizational suggestions follow:

1. Select two debate teams to argue the issue; take a straw vote to determine the winning team.
2. Divide the entire class into small groups of 4-6 students; let two groups take opposing views and debate the issue.
3. Divide the entire class into small groups of 4-6 students; form two teams within each group and debate.

F. *Presentation*
The teacher then proceeds, keeping in mind the objective that students will recognize that the origin of AIDS is unknown and that some hypotheses can impute blame unjustly.

Some scientists are trying to track the earliest known cases of AIDS, but all we have are hypothetical origins; in other words they are not proven. We really do not know the origin of the AIDS virus. The AIDS virus may be a recent mutation of a human virus, or the AIDS virus until recent years may have resided in a geographically isolated group of people who had become immune to it over a period of time.

Some researchers believe the virus originated in Africa. A theory being examined now is the possibility that the virus came from the African green monkey. This animal has been found to carry a virus that may be similar to the human AIDS virus. In certain parts of Africa, the green monkey is considered a food delicacy, especially the brain. It is possible that ingestion of the meat or organs of these animals might transmit the animal virus to humans, though this certainly is not yet proven. Suggestions that the virus was passed from animals to humans through scratches or bites are not well-founded. There is no evidence that biting spreads AIDS between humans, and there is no basis for considering scratching as a means of transmission.

It is important to note that the virus appeared in Africa about the same time it appeared in the U. S. (late 1970's and early 1980's). Many researchers from Africa, Europe, and the U. S. agree it might just as likely have originated in the U. S. or Europe. We may never settle the question about where the virus originated.

AIDS is a world-wide phenomenon. In addition to the U.S. and Canada, AIDS has been reported in 18 European countries, at least 21 African countries, the Caribbean, South America, Australia, and several other places including the Middle East and Asia. The World Health Organization estimates that AIDS may be in as many as 120 countries. As you can see, it is essential that research on the origin of the AIDS virus should continue.

G. *Summary*
To summarize this concept, the teacher presents and discusses Handout # 24b, AIDS — Some Historic Highlights or another history of AIDS occurrence and medical efforts.

Closure

The lesson could conclude with students deciding on ways they could make AIDS research better known in their school; for example:

- Use a bulletin board as a Resource Gatherer where relevant articles are displayed.
- Conduct an ongoing "Media Watch" with volunteers from the class gathering all the information from media sources over a given period of time and sorting it into fact or myth, true or false, research or hearsay, etc.
- Ask the school librarian to add AIDS information to the library's clipping service to provide an updated resource for all.

Lesson # 25

BASIC INFORMATION

Lesson Objectives

The students will be able to

B- 5 describe the body's immune system and its destruction by the AIDS virus;

B- 9 state that AIDS is technically not a specific disease but a syndrome or condition.

Overview

After reviewing the seriousness of the AIDS threat, the teacher reviews basic information about AIDS, teaches additional information about its effects on the immune system, then closes with a crossword puzzle that supports both old and new learning.

TESTING FOR AIDS

1. Blood screening tests for the AIDS virus antibody

   Example — ELISA:

Lab-grown
HIV

Antibodies

Positive test
HIV antibodies
bind to viral
proteins

2. Test of the immune system

3. AIDS virus tests

AIDS — SOME HISTORIC HIGHLIGHTS

1977

First cases of AIDS probably occurred in U.S., Haiti and Africa.

1979

Aggressive Kaposi's sarcoma and rare infections first seen in Africans in Europe.

1981

Kaposi's sarcoma and rare infections first reported in U.S. homosexual men; link with sexual transmission suspected.

1982

U.S. CDC* establishes AIDS case definition; formal surveillance starts in U.S. and Europe.

1982

First education efforts started in U.S. by local homosexual groups.

1982-83

AIDS linked to blood transfusions, IV drug use, congenital infection.

1983

2,500 cases reported in U.S.

1983-84

HIV identified in France and U.S.

1984

First studies indicate AIDS common among heterosexuals in Africa.

1984

Research shows that HIV infects T-helper lymphocytes.

1985

ELISA blood test developed to detect antibodies to HIV. U.S. begins screening donated blood and plasma, as well as heat treatment of clotting factor concentrates.

1985

HIV isolated in brain cells and cerebrospinal fluid.

1985

First controlled clinical trials of anti-HIV drugs begin in U.S.

July, 1986

Almost 29,000 cases reported by 71 countries.

1986

Estimated 5-10 million are infected with HIV worldwide.

1986

World Health Assembly recommends global strategy for AIDS control.

1986

Several governments start national communication programs.

1987

Intense gathering of data by CDC and NIDA*.

July, 1987

Overall level of HIV infection in American Red Cross donors declines to 0.012%.

October, 1987

Approach developed to estimate the **total** number of infected persons from data on **reported** AIDS cases.

End, 1987

50,000 persons in U.S. diagnosed as having AIDS; 28,000 deaths because of AIDS.

1988

Distribution of brochure on AIDS to every U.S. household.

September, 1988

71,000 persons in U.S. diagnosed as having AIDS; 40,000 deaths because of AIDS.

*CDC = Centers for Disease Control
NIDA = National Institute on Drug Abuse

Adapted from Bartlett *Population Reports*

Basic Information and Vocabulary

The teacher should be familiar with the content of Lesson # 18.

Vocabulary:

AIDS	HIV
antibodies	immune system
opportunistic infections	

Suggested Material

Transparency Master # 25a, AIDS Cases and Fatalities in the U.S.
Current news articles
If needed for review, Transparency Masters # 15a, simple definition of AIDS; # 18a, meaning of acronym AIDS; # 18b, healthy immune system; # 18c, unhealthy immune system
Transparency Master # 25b, an advanced definition of AIDS
Transparency Master and Handout # 25c, AIDS and the Immune System
Transparency Master # 25d, The AIDS Attack
Handout # 25e, Crossword Puzzle

Teaching/Learning Activities

A. *Opening*
The teacher begins the class with prayer, perhaps giving thanks for God's creation of the marvels of the human body. Then the teacher assures the class that they can learn basic, accurate information about AIDS through this lesson.

B. *Discussion*
To stimulate thinking about the seriousness of AIDS, the teacher uses Transparency Master # 25a, AIDS Cases and Fatalities in the U.S. (or any overhead transparency with recent statistics).

Suggested Discussion Questions

1. Based on the graph, about how many reported cases of AIDS have there been in July-December, 1981? January-June,1983? the first half of 1985?
(Assist the students to read the graph.)

2. Based on this graph, what would you predict for 1993 if no major changes occur? for 1995?
(Rate will continue to increase rapidly.)

3. What factors may explain why the rate of deaths has not increased as rapidly as the cases reported?
(AIDS can develop very slowly with death up to 10 or 12 years after the infection has been diagnosed. In addition, some drugs seem to extend the lives of AIDS patients temporarily.)

4. What factors could lower the number of infected persons in the future?
(People could become more aware of the AIDS threat and learn how to avoid the virus.)

5. This graph shows "reported" cases. Do these numbers represent all the cases of AIDS?
(Probably many more cases exist, but are not reported.)

The teacher also refers students to news articles that have been posted in the classroom. Only current and accurate articles should be used. Brief reporting and discussion of sample articles could be volunteered by the students.

C. *Presentation*
The teacher may wish to use as review some prior Transparency Masters, e.g.,
15a simple definition
18a meaning of acronym AIDS
18b healthy immune system
18c unhealthy immune system

Then the teacher proceeds to develop basic AIDS Information, using Transparency Master 25b, an advanced definition of AIDS:

A disease state. . .

In previous lessons — to keep the definition of AIDS simple — we have sometimes referred to AIDS as a serious *disease* that results in death for the person infected. To be accurate, AIDS itself is really not a specific disease. This definition calls it a *disease state*. Sometimes it is called a syndrome or condition. From now on, rather than call AIDS a disease, we will try to use one of these more accurate terms.

. . .caused by the human immunodeficiency virus (HIV) that decreases functioning of the immune system.

AIDS is a medical condition caused by the human immuno-deficiency virus (HIV) in which the body's immune system (its natural defense against disease) fails to function properly.

When immune deficient, a person is susceptible to certain severe infections and cancers.

Death for a person with AIDS is a result of one of the opportunistic infections or an AIDS-related cancer (most frequently pneumocystis carinii pneumonia or Kaposi's sarcoma).

Moving from this definition, the teacher proceeds to Transparency Master # 25c (also used as handout, if desired) on "AIDS and the Immune System," explaining to the students:

T-cells are produced by the thymus gland to help defend the body against invaders. There are two kinds of T-Cells: helpers and suppressors. The helper T-Cell is the "sentry" of the immune system as it moves throughout the body looking for foreign organisms. If a helper T-cell bumps into a foreign cell or organism, it sends alarm signals to the spleen and lymph nodes. These structures signal other T-cells in the body to reproduce quickly to fight the invader.

Once the infection is under control, the suppressor T-Cells call off the attack. The "alarm" is turned off and the system returns to normal.

Our bodies have gone through this process thousands of times in our lives. Usually, we are not aware of the invasion because the process works so well that we do not become ill.

The teacher may wish to present all the details included on Transparency Master # 25d, The AIDS Attack, noting that the helper T-Cells are also called T4; the suppressor T-cells which will call off the attack if the infection is controlled are called T8.

The teacher may prefer to present a simpler explanation such as the following:

When an AIDS virus enters the bloodstream, it searches for a helper T-cell. The virus invades the helper T-Cell and lies silent until another helper T-Cell recognizes the virus and attaches itself to the infected cell to help fight the infection. Before the alarm can be signaled to other helper T-Cells, the AIDS virus disables and invades the cell. The infection never comes under control, so the suppressor T-Cells never call off the attack.

D. *Review*

The teacher ends the lesson by asking the students to respond in writing to the following questions:

1. How does a healthy immune system function?
2. What is the name of the virus that causes AIDS?
3. How does the AIDS virus affect the immune system?
4. What happens to the person who is infected with the AIDS virus?
5. What kinds of diseases are usually associated with AIDS infection?

Closure

Distribute Handout # 25e, Crossword Puzzle. Explain to the students that the crossword puzzle will review the lesson about AIDS and will help to develop their AIDS-related vocabulary.

ANSWER KEY for Handout # 25e

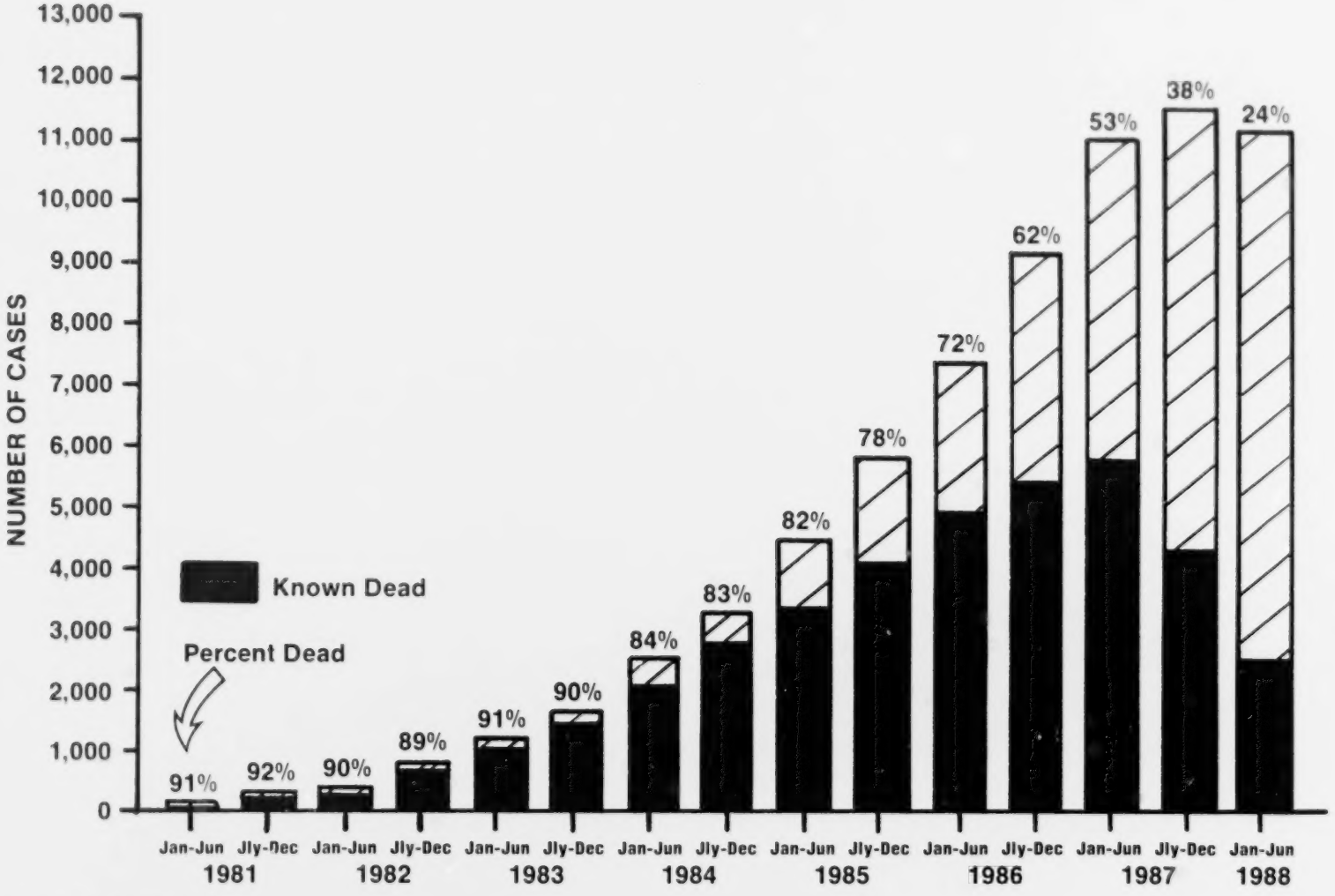
Across:

2. ARC
3. HIV
5. SYMPTOMS
6. VIRUS
7. HEMOPHILIA
8. ABSTINENCE
10. NEEDLES
12. BODYFLUIDS
13. DRUGS

Down:

1. HOMOSEXUAL
2. AIDS
4. IMMUNITY
7. HETEROSEXUAL
9. ANTIVIRAL
11. SYNDROME

Reported Cases of AIDS and Case-Fatality Rates By Half Year of Diagnosis, United States October 3, 1988



Source: U.S. Centers for Disease Control

DEFINITION OF AIDS:

A = Acquired

I = Immune

D = Deficiency

S = Syndrome

A disease state caused by the human immunodeficiency virus (HIV) that decreases functioning of the immune system.

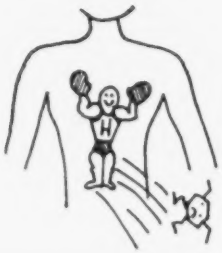
When immune deficient, the person is susceptible to certain severe infections and cancers.

AIDS AND THE IMMUNE SYSTEM

Human blood contains different types of white blood cells that play different roles in protecting against disease. Among a type of white blood cells called LYMPHOCYTES are the "B" cells and "T" cells.

"HELPER CELLS"

Some "T" cells help the "B" cells produce antibodies that fight disease-causing organisms. These "T" cells are called helper cells.

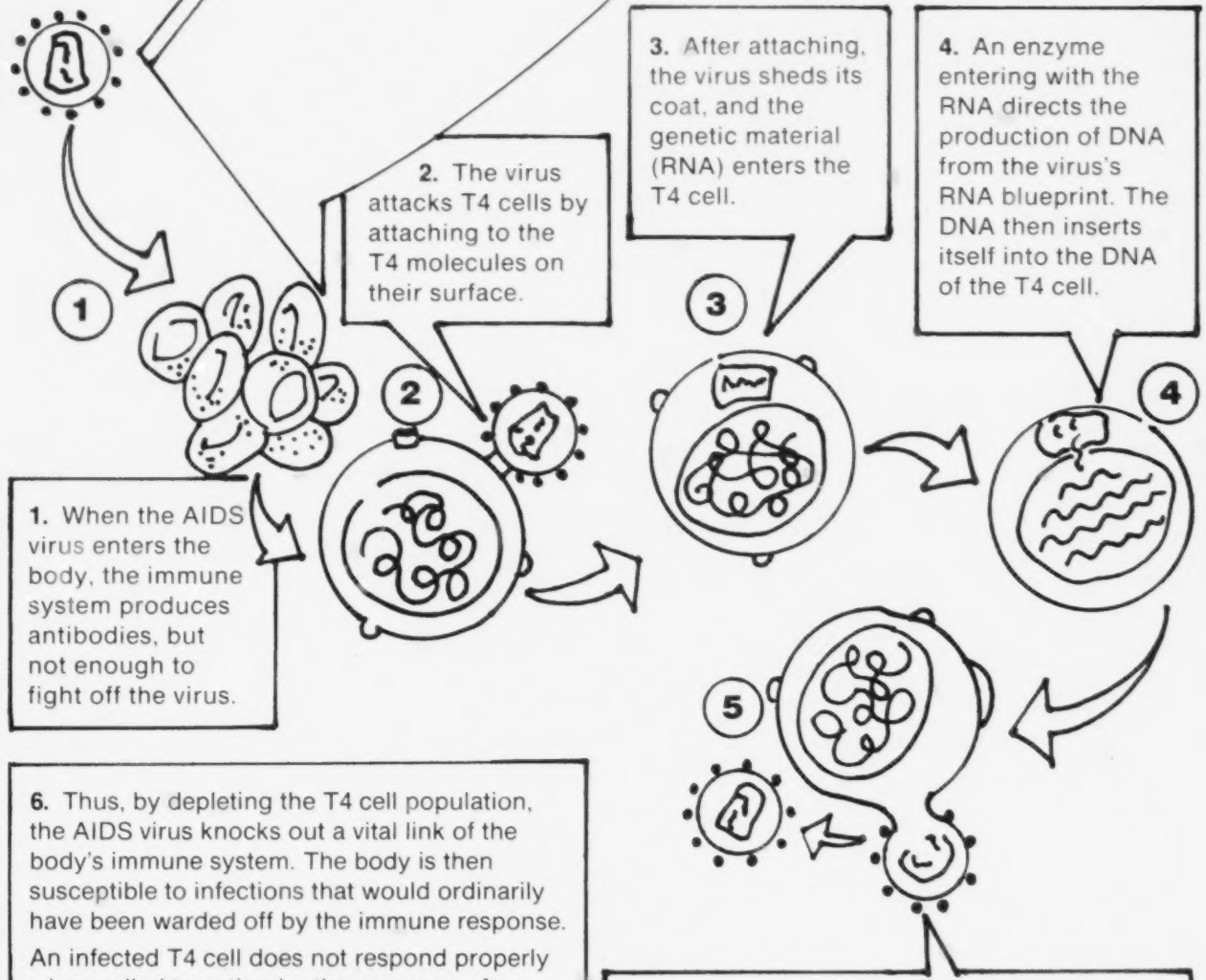


"SUPPRESSOR CELLS"

Other "T" cells, known as suppressor cells, work to stop or suppress the fight against invading germs once the infection has been overcome.

In a healthy person, helper cells outnumber suppressor cells by a 2 to 1 ratio. In a person with AIDS, suppressor cells outnumber helper cells, leaving the immune system weakened and ineffective.

THE AIDS ATTACK



1. When the AIDS virus enters the body, the immune system produces antibodies, but not enough to fight off the virus.

2. The virus attacks T4 cells by attaching to the T4 molecules on their surface.

3. After attaching, the virus sheds its coat, and the genetic material (RNA) enters the T4 cell.

4. An enzyme entering with the RNA directs the production of DNA from the virus's RNA blueprint. The DNA then inserts itself into the DNA of the T4 cell.

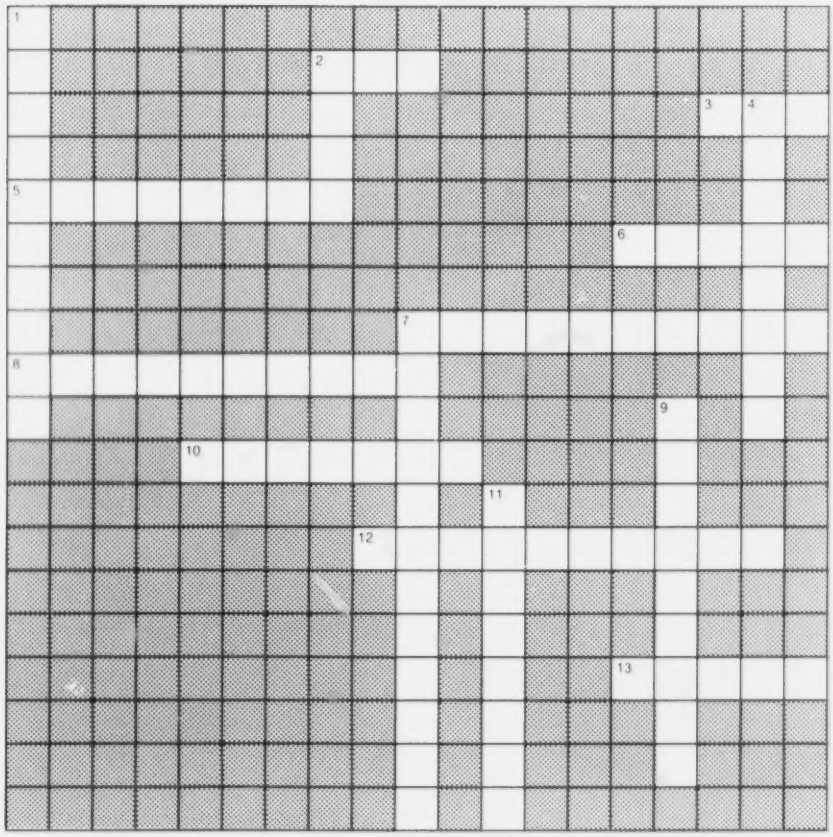
5. Later (in some cases several years), the viral DNA may produce new copies of the virus, which then burst out of the T4 cell to attack other cells.

6. Thus, by depleting the T4 cell population, the AIDS virus knocks out a vital link of the body's immune system. The body is then susceptible to infections that would ordinarily have been warded off by the immune response.

An infected T4 cell does not respond properly when called to action by the presence of an invader. The infected cell might reproduce into only 10 cells instead of 1,000. When those cells encounter the invader, the virus inside them begins to reproduce, killing the cells.

Adapted from the Dallas Morning News: Karen Blessen

CROSSWORD PUZZLE



ACROSS:

2. AIDS Related Complex (ABBR.)
3. Human Immunodeficiency Virus (ABBR.)
5. Night sweats, fever, diarrhea, weight loss, fatigue, rare infections
6. An infectious organism within the body
7. A hereditary plasma coagulation disorder with excessive bleeding
8. Voluntarily doing without or refraining from something
10. Injection instruments that can become contaminated
12. Semen, blood, vaginal secretions, believed to transmit HIV (two words)
13. Narcotics

DOWN:

1. A person who has a sexual preference for someone of the same sex
2. Acquired Immune Deficiency Syndrome (ABBR.)
4. Body capability for resisting disease
7. A person who has a sexual preference for someone of the opposite sex
9. Against virus — some experimental drugs used to treat AIDS
11. A group of signs and symptoms that occur together

The Eighth Grade Student

Eighth grade students have serious concerns related to their sexual identity. They are interested in developing relationships with peers of the opposite sex. Misinformation regarding sexual matters is common at this stage of development. Ignorance regarding risk activities that involve sex and drugs is common and inexcusable.

Thirteen-year-olds are persons who

- struggle to integrate sexuality into their lives as Christians;
- hover between childhood and adulthood;
- seek identity as members of groups;
- require honest, straightforward answers to questions concerning their sexuality;
- need guidance to make wise, moral choices about sexual activity;
- can identify with membership in a genuine faith community of believers;
- are in a state of rapid physical changes (more apparent in girls than in boys at this level).

Some suggestions for teaching eighth graders

- promote opportunities to develop healthy well rounded relationships with peers of both sexes;
- give comfortable opportunities for accurate sexual information;
- help to relate human sexuality with Christian living;
- answer questions comfortably and promptly;
- offer classroom opportunities as well as personal guidance regarding wise, moral choices;
- build the support of a faith community;
- regularly assure youngsters that changes are normal —though the rate varies from person to person.

Lesson # 26

CHRISTIAN RESPONSE

Lesson Objectives

The students will be able to

C-10 realize that every person has the right to care, comfort, and consolation when living or dying with AIDS;

C-11 recognize the responsibility of the living to care respectfully for the remains of the dead.

Overview

Beginning with a vignette about a person with AIDS, the students study a pastoral related to AIDS, discuss several questions, then write their own persuasive argument about needed compassion and respect.

Background Information and Vocabulary

The teacher should be familiar with the content of Lessons # 17, # 20, and # 23.

Vocabulary:

compassion	pastoral statement
discrimination	persuasive

Suggested Materials

New Testaments (for students)

"A Call to Compassion," Pastoral Letter on AIDS to the Catholic Community of California (In Section 4; copies for teacher and students)

Display of related Scriptural passages (See "*Setting*" below)

Teaching/Learning Activities

A. *Setting*

The teacher prepares for the lesson by attractively displaying Scriptural passages mentioned in the pastoral letter. These could appear on a bulletin board in large print for students' prayer and reflection. Examples of passages: 1 Cor. 12:26; John 9:2-3; Col. 1:24; James 5:14-15; Mark 1:40-41

B. *Opening*

The teacher sets the learning climate by sharing with the students a vignette from the "Many Faces of AIDS: A Gospel Response" (statement by NCCB Administrative Board) or a testimonial of a person or a family member of a person dying with AIDS.

Sample vignettes from "The Many Faces of AIDS":

John is a young man who was raised in the inner city by a loving single-parent mother. Despite his mother's best efforts, he found his environment to be like a prison and sought escape by turning to drugs. Now after six months of intermittent illness, he has been admitted to a public hospital. The diagnosis is AIDS. He feels as if he has been victimized from the beginning by forces beyond his control.

Lilly is fifteen months old. Her mother is a drug addict, was exposed to the AIDS virus before Lilly's conception, and Lilly was born with AIDS. Her mother abandoned her. Lilly is being cared for in a public hospital. She will know no other home, for it is expected that she will die soon.

The students reflect on the vignette and the displayed Scriptural passages, then respond with an appropriate hymn as an opening prayer; e.g., "On Eagle's Wings."

C. *Mini-Seminar*

The teacher distributes copies of the pastoral by the California bishops or a statement by the local or state bishops to the students. (A copy of "A Call To Compassion" by the California bishops is included in Section 4 for use, if desired.)

The teacher lists the following critical questions on the chalkboard. After time for individual silent reading, the class is involved in the discussion of these questions.

1. What should be a Christian's ministry to persons with AIDS (and other serious illnesses), their families, and their friends?
2. What is a Christian student's responsibility to counteract the prejudice and discrimination shown to a person with AIDS?
3. Why does the Church have a responsibility to educate its members about AIDS?

D. *Activity*

As a follow-up, the teacher asks the students to formulate a persuasive argument regarding the Christian's "Call to Compassion" toward persons living and dying with AIDS as well as their families and friends. They are to express their viewpoints in written form. The format selected should be appropriate for the purpose and the audience they wish to address. Some suggested formats are these:

1. Letter to the editor;
2. Open letter to a person living with AIDS;
3. Editorial for the (arch)diocesan newspaper;
4. Reflective suggestions to a pastor for a Sunday homily;
5. A script for an educational video.

Closure

Two or three students are asked to volunteer their favorite Scripture passage related to this lesson on AIDS. It may be one of the passages posted on the bulletin board or another of their choice. After sharing the passage with the class, they and others may describe why this particular passage is so meaningful in the light of the above lesson.

Students should be encouraged to submit their persuasive writings to their pastor or the appropriate newspaper editor.

Lesson # 27

BASIC INFORMATION

Lesson Objectives

The students will be able to

B-10 explain the HIV infection and its three potential stages;

B-11 identify the signs and symptoms of ARC and AIDS.

Overview

In this lesson, the students will learn about the symptoms of the AIDS/ARC condition and explain HIV infection. They will consider some of the myths projected about AIDS and clarify them with facts.

Basic Information and Vocabulary

The teacher should be familiar with the content of Lessons # 18, # 23, # 24, and # 25.

Vocabulary:

ARC	AIDS
symptoms	HIV
infection	myths

Suggested Materials

Transparency Master # 23a to review Symptoms

Handout # 27a, Facts Fallacies About AIDS
Transparency Master # 27b, Myths and Facts
Transparency Master # 27c, Natural History of Infection with HIV

Teaching/Learning Activities

A. *Review*
To review general information on AIDS, the students will consider myths that are rampant concerning AIDS. To begin, distribute to the students Handout # 27a, Facts Fallacies About AIDS. Allow the students time to complete the worksheet individually. Then allow a self-check (aloud together or individually with printed key).

According to needs suggested by their answers, initiate discussion among the students, clarifying any misinformation.

Transparency Master # 27b, Myths and Facts, should be used during or after this discussion to end with clear impressions.

Then ask the students questions such as,
What are the common sources of myths?
(Many myths begin with people who talk about a subject when they know very little about it; from them people get inaccurate or incomplete information.)

This class will offer additional accurate information about the stages of AIDS. Do you recall the meaning of the acronym AIDS?
(Acquired immune deficiency syndrome; if not, use Transparency Master # 25b to review.)

Do you recall that AIDS is caused by a virus? Can you recall the three-letter name which experts recently named the virus?
(HIV)

And those letters stand for what three words?
(human immunodeficiency virus)

Viruses must be inside living cells to live and reproduce. They are the smallest disease-producing germs. When the AIDS virus enters the body, the results are, at first, no symptoms. Then AIDS-related complex (ARC) may follow, and finally full-blown AIDS may develop. Today we will learn the differences among these stages.

B. *Presentation*
Using Transparency Master # 27c, Natural History of Infection with HIV, the teacher shows its three potential stages:

1. Asymptomatic Carrier State
2. ARC (AIDS-related complex)
3. AIDS and other life-threatening conditions

1. What is an asymptomatic carrier state?

Basically this person has an infectious organism within the body but does not feel or show outward symptoms. That person is, however, able to spread the AIDS virus through any mixing of blood or other body fluids.

2. What is ARC?

AIDS-related complex (ARC) has symptoms, but is a lesser response to the virus than is AIDS. ARC may or may not develop into AIDS. Some scientists estimate that about 60 percent of the people with ARC may go on to develop the symptoms of AIDS; some may become seriously ill, and many will die.

What are the symptoms of ARC? ARC symptoms may occur alone or in combination: night sweats, fever, diarrhea, weight loss, fatigue, and uncommon infections. These symptoms may occur occasionally or almost all the time, and they may be more or less severe. Because ARC affects only minor changes in the immune system, ARC is usually not life-threatening — although the diarrhea and weight loss sometimes do cause death.

3. How does AIDS differ from ARC?

AIDS has a major effect on the immune system. Nevertheless, one of the striking qualities of AIDS is the tremendous variation in how it affects different people. Some people have been living with an AIDS diagnosis for over four years and are still working, energetic, and productive; others die within a few days or weeks of diagnosis. Some people are fatigued or very sick throughout the course of AIDS. For others, periods of relative health alternate with periods of illness. Some people with AIDS are severely disabled, and others are in excellent physical condition.

Use Transparency Master # 23a.
At the onset of AIDS, most people report several of the following symptoms:

1. Unexplained, persistent fatigue;
2. Unexplained fever, shaking chills, or drenching night sweats lasting longer than several weeks;
3. Unexplained weight loss greater than ten pounds;
4. Swollen glands (enlarged lymph nodes, usually in the neck, armpits, or groin), which are otherwise unexplained and last more than two months;
5. Pink or purple flat or raised blotches or bumps occurring on or under the skin, inside the mouth, nose, eyelids, or rectum. Initially, they resemble bruises but do not disappear. They are usually harder than the skin around them.
6. Persistent white spots or unusual blemishes in the mouth;
7. Persistent diarrhea;
8. Persistent dry cough that has lasted too long to be caused by a common respiratory infection, especially if accompanied by shortness of breath.

These symptoms depend, of course, on which opportunistic diseases take advantage of the deficient immune system.

Many of these symptoms are similar to those of the common cold, the flu, and other illnesses. One difference is the severity and the length of time that they last. Remember: AIDS CANNOT BE SELF-DIAGNOSED. If any of you should have concerns about symptoms, it is important to consult with a physician, a parent, or another adult you can trust.

Closure

The teacher may ask students to refer to Handout # 27a, Facts Fallacies about AIDS, the worksheet used at the beginning of class. Items that can serve as a review and a final clarification of any misinformation include # 1, 9, 10, 14, 15 on the worksheet.

As a follow-up to this class, the teacher may ask the students to interview three people in their family or neighborhood about what they know and think about the AIDS virus. Students should prepare a written report based on these interviews for general classroom discussion.

Lesson # 28

CHRISTIAN RESPONSE; BASIC INFORMATION; TRANSMISSION AND PREVENTION

Lesson Objectives

The students will be able to

C- 4 understand and appreciate the importance of loving unselfishly and responsibly;
C-12 understand and appreciate that sexual activity and sexual intercourse have meaning and purpose only within a marriage commitment;
B- 2 clarify that AIDS — though communicable — is not caught through students' everyday activities or casual contact;
B- 6 define homosexuality and related Church teaching;
T- 9 articulate the morality of drug abuse and the risks involved in any use of unsterilized needles;
T-12 identify four ways the AIDS virus is transmitted and prevented;
T-14 explain the morality and risk of AIDS involved in sexual intercourse outside of faithful marriage;
T-15 explain the morality and unadvertised risk of AIDS involved in using condoms;
T-16 explain the remote risk involved in transfusion with infected blood or blood products;
T-17 explain the risk to the unborn child of an infected mother.

Two sessions are recommended.

Overview

In this lesson, teacher and student deal with the hard facts of AIDS transmission. Risk behaviors are explicitly taught within the background of Church teaching and the virtue of chastity. AIDS ends in death; students can protect themselves and their loved ones — in both the moral and medical sense — by avoiding high-risk behaviors.

Basic Information and Vocabulary

The teacher should be familiar with the following:
Lessons # 14, # 16, # 19, # 21, and # 22;
the Orientation section of this book;
"The Surgeon General's Report on AIDS."
This lesson (as Lesson #21) briefly refers to homosexuality. Further study follows in Lesson #34.

Vocabulary:

transmission	intravenous (IV)
sexual intercourse	virus
body fluids	semen
condoms	hemophilia
homosexuality	

Suggested Materials

Handout # 28a, AIDS Word Search
Transparency Master # 28b, Spreading AIDS
Handout # 28c, How to Avoid Getting AIDS
One or more copies of "AIDS: Time for a Moral Renaissance" by Cardinal Basil Hume of England (in Section 4) for silent or oral reading of Paragraphs 13-19 or total article (depending on class's reading ability).

Teaching/Learning Activities

A. *Introduction*
The teacher focuses the students on this lesson through a preliminary word scramble exercise. Handout # 28a, AIDS Word Search. This exercise could be assigned a day in

FACTS/FALLACIES ABOUT AIDS

Instructions: Place a check mark in the space provided.

		AGREE	DISAGREE
1.	AIDS can hide in an individual for 5 years or more without being detected.	_____	_____
2.	AIDS is a disease that attacks men only.	_____	_____
3.	The immune system is the body's natural defense against disease.	_____	_____
4.	Helper "T" cells stimulate the body to fight invading organisms.	_____	_____
5.	AIDS takes over Helper "T" cells.	_____	_____
6.	AIDS works by preventing the body from fighting infections.	_____	_____
7.	The AIDS virus is called HIV (H for human, I for immunodeficiency, V for virus).	_____	_____
8.	AIDS can be transmitted through dirty needles.	_____	_____
9.	A person carrying AIDS who shows no signs of infection will not infect others.	_____	_____
10.	Persons who have AIDS will be infected for the rest of their lives or until there is a cure.	_____	_____
11.	The second most common way to acquire AIDS is through sexual contact with an infected person.	_____	_____
12.	One way to transmit AIDS is in the uterus.	_____	_____
13.	There is much variation in the way AIDS affects individual people.	_____	_____

	AGREE	DISAGREE
14. Which of the following are symptoms of AIDS:		
•hearty appetite	_____	_____
•night sweats	_____	_____
•weight gain	_____	_____
•blotches or spots	_____	_____
•constipation	_____	_____
•fever and chills	_____	_____
•excessive growth of hair	_____	_____
•persistent cough	_____	_____
•fatigue	_____	_____
15. ARC victims have mild symptoms of AIDS yet they do not develop AIDS diseases.	_____	_____
16. Many infections related to AIDS can be treated.	_____	_____
17. Most persons die within two years of AIDS diagnosis because of related infections.	_____	_____
18. AIDS may be transmitted by:		
•air	_____	_____
•dishes	_____	_____
•sexual contact	_____	_____
•tooth brush	_____	_____
•water fountain	_____	_____
•food served by AIDS carrier	_____	_____
•shaking hands	_____	_____
•used needles	_____	_____
•body fluids	_____	_____
•donating blood	_____	_____
•pregnancy and birth	_____	_____
19. AIDS cases have increased every year.	_____	_____
20. Homosexual men and drug abusers engage in high-risk behavior.	_____	_____

ANSWER KEY — FACTS/FALACIES ABOUT AIDS

1. Agree
2. Disagree [Women also acquire AIDS.]
3. Agree
4. Agree
5. Agree
6. Agree
7. Agree
8. Agree
9. Disagree [AIDS carriers may be infectious.]
10. Agree
11. Disagree [It is the primary method of contraction.]
12. Agree
13. Agree
14. Disagree [loss of appetite]
    Agree
    Disagree [weight loss]
    Agree
    Disagree [diarrhea]
    Agree
    Disagree [Hair growth was not mentioned.]
    Agree
    Agree
15. Agree
16. Agree
17. Agree
18. Disagree
    Disagree
    Agree [caused by the exchange of body fluids]
    Agree [There may be blood transferred.]
    Disagree
    Disagree
    Disagree
    Agree [Contaminated needles may transmit AIDS.]
    Agree [Semen and vaginal secretions may transmit AIDS.]
    Disagree
    Agree
19. Agree
20. Agree

MYTHS AND FACTS

THERE ARE MANY MISCONCEPTIONS CONCERNING THESE FACTS.

THERE IS NO EVIDENCE THAT **AIDS** IS SPREAD BY:

DOORKNOBS
CLOTHING
NONSEXUAL PHYSICAL CONTACT [Hugging]
SHAKING HANDS
SOCIAL KISSING
TOILET SEATS
WATER FOUNTAINS
BATHTUBS
INSECTS
CPR MANNEQUINS
SILVERWARE
PLATES
GLASSES

HOWEVER . . .

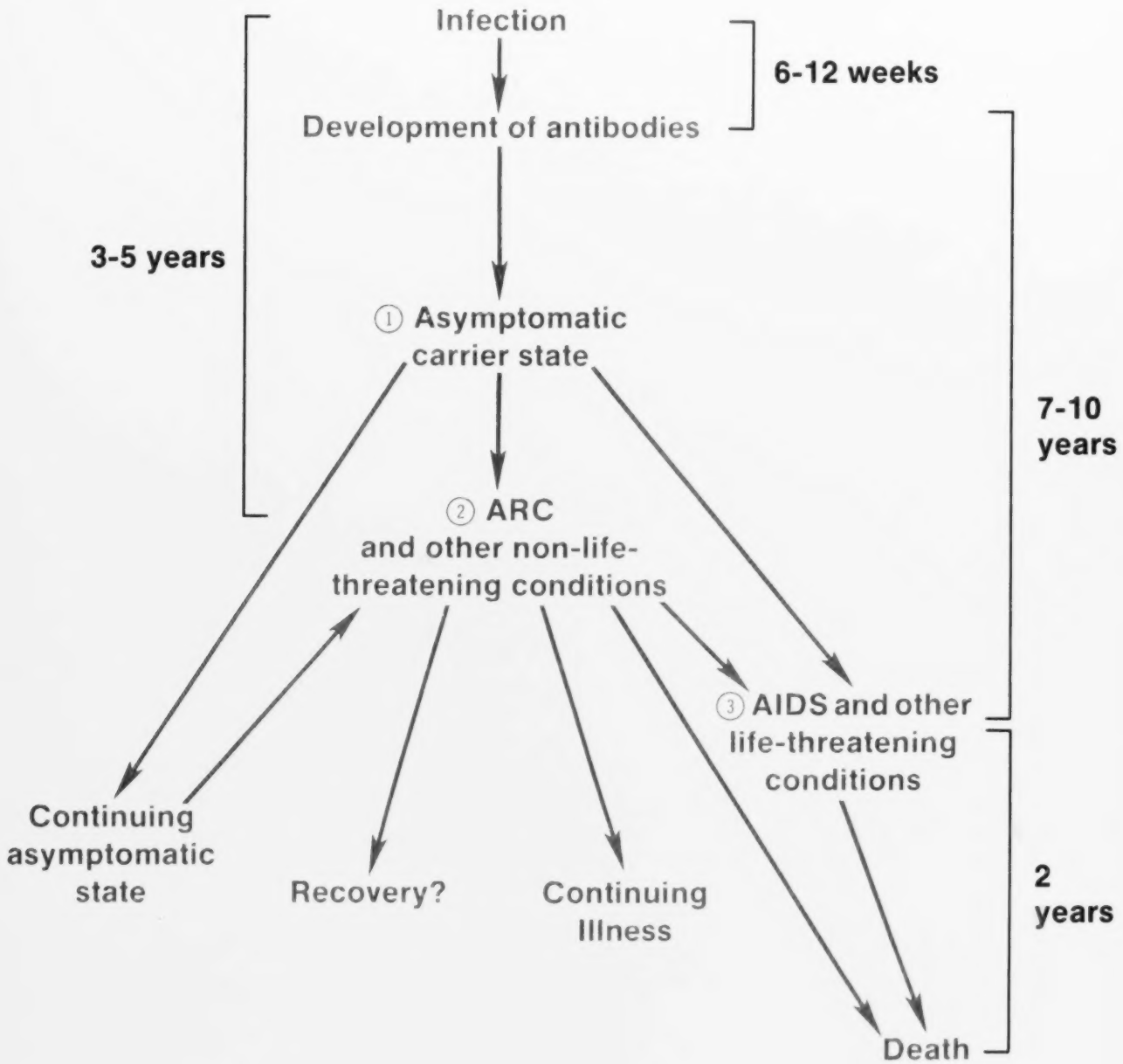
THE FOLLOWING COULD BECOME CONTAMINATED WITH BLOOD.

THEREFORE . . .

THEY SHOULD NOT BE SHARED.

TOOTHBRUSHES
RAZORS
TWEEZERS
DENTAL FLOSS
I.V. NEEDLES

NATURAL HISTORY OF INFECTION WITH HIV



Adapted from Bartlett Population Reports

advance or could be used during a preliminary session to insure that all students recognize and understand the vocabulary. The students may self-correct or may exchange their answers to the Word Search and discuss basic vocabulary meanings.

B. *Overview*

The teacher first explains the basic information regarding the transmission of AIDS:

> The virus that causes AIDS lives in body fluids that contain white blood cells. Blood and semen contain a high concentration of white blood cells. Even though the virus might be present in a person's body fluids such as blood, semen, or vaginal secretions, the virus has to get into another's bloodstream in order to cause infection. This happens chiefly during sexual contact and with the sharing of intravenous needles and syringes.

Use Transparency Master # 28b, "Spreading AIDS," for this part of the explanation:

> The AIDS virus is transmitted in four ways:
>
> 1. Sexual intercourse;
> 2. Shared use of needles for IV drug use;
> 3. Passing of the virus from mother to child, either before or during birth (possibly through breast milk);
> 4. Transfusion of blood infected with the AIDS virus (now rare).
>
> The World Health Organization reports that, to date, no evidence exists to indicate that the AIDS virus can spread through teardrops, saliva, or kissing. A theoretical possibility of transmission from deep, open-mouth (i.e., "French") kissing exists if there is a direct exposure of mucous membranes to infected blood or saliva (e.g., through fever blisters, canker sores, cuts from braces).
>
> The U.S. Surgeon General says there is no known risk of infection through ordinary contact in most situations we encounter in our daily lives. We know the family members living with individuals who have the AIDS virus do not become infected. There is no evidence that the virus has been spread from toilet seats, from swimming pools or whirlpools; from water fountains; from a Communion chalice; or from a hug or a handshake.

C. *Presentation*

During this part of the presentation, the teacher will discuss in detail the risk behaviors related to AIDS transmission.

Begin with this statement written on the chalkboard:

> Students need not fear getting AIDS through ordinary school activities or other casual contact.
>
> The best way to avoid fear is through knowledge. Today we will learn the most common ways in which AIDS is transmitted:

Use Transparency Master #28b:

1. Sexual contact with an infected person;
2. Drug abuse through sharing contaminated needles;
3. Pregnancy or breastfeeding by an infected woman;
4. Blood transfusions (very rare) of infected blood.

> Notice that none of this transmission occurs by breathing germs in the air or by eating something that had picked up a virus.
>
> All evidence indicates that AIDS is transmitted only through direct blood-to-blood contact or through the contact of certain body fluids (semen/vaginal fluid) -to-blood.

Then continue as follows:

> Today we are going to consider in more detail those four ways in which AIDS can be transmitted. Because these behaviors increase the chance of a person acquiring AIDS, they are often called "risk behaviors."

Continue to use Transparency Master # 28b, Spreading AIDS, with this presentation. As the teacher discusses these risk behaviors with the students, it is important to take the time to answer their questions and to clarify as needed.

1. Sexual Intercourse

> The most common way that people can get AIDS is through sexual contact. During sexual intercourse, the AIDS virus can pass from an infected person into the blood stream of his or her sexual partner.
>
> As you have studied in religion and human sexuality classes, sexual intercourse is morally right only for a married couple. As Catholics, we believe that it is possible and necessary to practice the virtue of chastity before marriage and within marriage.

Check that students recall the meaning of chastity for single, married, and religious; review if needed using ideas presented in Lesson # 21.

> If you are chaste, abstaining from sex until you are married to a partner who has also lived chastely, you do not have to fear the most common way in which AIDS is transmitted. You have the right and the moral responsibility to postpone sexual activity until you are ready to make a commitment in marriage.
>
> Now is the time to integrate a Christian understanding of sexuality into your lives, to grow in a healthy attitude toward yourselves, to develop good feelings about your maleness or femaleness. Then you will be able to relate meaningfully on the sexual level.
>
> Some experts in health fields recommend condoms as a means of giving some protection against AIDS. (A condom is a protective sheath that fits over a man's

penis.) The Church has always held that the use of condoms as a form of birth control is immoral on principle. The only genuine protection against sexual transmission of AIDS is chastity: first abstinence before marriage, then fidelity within marriage. We have accepted Christ's call to live a moral and faith-filled life. That kind of life not only has its own rewards, but also provides a natural protection against AIDS.

Besides the church's moral opposition to the use of condoms, there is a growing body of literature which indicates that although they reduce the risk, condoms are not 100% safe; government tests indicate that the failure rate may be as high as 20%. Considering all factors, failure rate has been estimated in some research to range between 3% and 65%. This research is showing that condoms are also unreliable in preventing the transmission of AIDS. From a moral point of view, condoms are objectionable; practically, they are not always safe.

I am giving you these facts about condoms because you may have heard some advertising that implies that condoms protect persons against AIDS.

At this point, teachers must be sure that the students understand that they are recommending chastity, not promiscuous sex; that they are adding truth to advertising about condoms, not advocating so-called "safe(r) sex." Teachers should ask for repetition to be certain that students are clear about what has been said.

We have focused on the fact that God invites genital sex between faithful marriage partners. Sexual activity outside of that is contrary to God's law whether it be between persons of different sexes (heterosexuality) or between persons of the same sex (homosexuality); moreover, unchaste actions can result in contracting AIDS —a condition that ends in death.

D. *Reflection and Discussion*

Allow time for reading aloud or silently the article, "AIDS: Time for a Moral Renaissance," by Cardinal Basil Hume of England. Use either part (e.g., Paragraphs 13-19) or all of the article. Tell the students that the article appeared in the London Times and refers to conditions in England; then ask them to jot down the ideas in the article which they believe apply to the U. S. as well. These ideas may be exchanged in small groups or within the total class.

The next part of the lesson affords an opportunity to discuss ways of practicing chastity as teenagers. Ask students to list some of the most convincing lines they have heard to pressure someone into having sex. They may include lines from life, books, TV, or movies. Then elicit from students some sensitive but firm ways of responding to these lines, of refusing involvement, and of living the Christian ideal of chastity.

E. *Presentation*

2. Contaminated Needles or Syringes

In presenting the second risk activity, the teacher will review with students the importance of saying "NO" to drugs and alcohol:

IV drug abusers often share needles for drug injection. This can result in small amounts of blood from an infected person being injected directly into the bloodstream of the next user.

Any drug abuse can lower the capacity of a person's immune system. The danger becomes even greater when drugs are injected and needles shared. By itself, intravenous drug abuse causes death and disease in a number of ways: overdoses, hepatitis, blood poisoning, and a newly discovered cancer. Sharing needles also adds AIDS to the list of possible consequences of injecting drugs.

Other drugs, such as marijuana and alcohol, although they do not require needles, also suppress the immune system, affect people's ability to reason, and hinder them from making good decisions. If someone's reasoning is impaired, that person is likely to do high-risk actions that the person might otherwise have avoided. The basic message is that illegal drug use by itself is a major risk; adding the hazards of shared needles greatly magnifies that risk.

3. Transfusions of Contaminated Blood and Blood Products

Getting AIDS through a blood transfusion is now very rare. This problem has been greatly reduced through screening out donors who may be at risk of getting AIDS (since 1983) and testing all blood donations in the United States with the AIDS virus antibody test (since 1985).

The Centers for Disease Control estimate that a patient's chances of getting infected with the AIDS virus from a unit of transfused blood is about 1 in 100,000. By contrast, the average person's chances of getting killed in an auto accident in a year is about 1 in 5,000.

Moreover, all blood clotting products are now made from screened plasma and have been heated to destroy any HIV that might remain. The risk has been virtually eliminated.

Blood donors run no risk of getting AIDS; all the equipment used is new, sterile, used only once, and discarded after it is used.

4. Transmission from Infected Mothers to Their Infants during Pregnancy or at Birth

A woman who is infected with the AIDS virus may give the virus to her baby during pregnancy or during birth. It is also possible that an infected mother could pass the virus during breastfeeding. No children infected with AIDS have survived for extended periods of time.

F. *Review and Discussion*
The teacher distributes Handout # 28c, How To Avoid Getting AIDS, inviting the students to study the sheet as a review and ask questions. If they are not familiar with emergency procedures, the material from Lesson # 22 should be reviewed.

The teacher then forms students into small groups to discuss the following questions:

1. In what ways could a person exchange blood with another person?

2. Before 1985 when blood and blood products were tested for presence of the AIDS virus, how could a person be infected?

3. Is there still danger of becoming infected as the result of blood transfusion?

4. How do drugs abusers who have the AIDS virus transmit AIDS?

5. In what ways could medical persons — dentists, doctors, nurses — become infected with AIDS?

6. How could an infant get AIDS?

Some points that should surface during discussion:
1. By using anything contaminated with blood, by careless laboratory work or blood cleanup, by receiving infected blood, blood products, or organs. (To avoid excessive fear, note that these actions are hazardous only if the other person is carrying HIV. On the other hand, stress that one — including a carrier — may not know about the infection.)

2. By receiving a transfusion of infected blood or blood products.

3. The danger is extremely remote. No risk exists for persons who donate blood to the Red Cross or to a hospital.

4. Through shared intravenous needles, syringes, or other instruments.

5. By not carefully following procedures for handling of contaminated blood or other body fluids.

6. Through its development within an infected mother and/or through breastfeeding from an infected mother.

G. *Additional (or Alternate) Activity*
Write each of the following statements on a separate sheet of paper. Ask for student volunteers to read them to the class and explain the important facts that are missing.

1. "What's all the fuss about AIDS? An AIDS test will tell if you have it. Antibiotics will take care of it in ten days."

2. "My friends and I are cool. We inject and share needles all the time, but we wipe the needles. It's awesome!"

3. "I'm afraid to kiss my relatives and family goodbye. My grandfather could be a transmitter of AIDS!"

4. "I don't know how I could have possibly gotten AIDS. I don't fool around. Gosh, I feel awful. I have diarrhea, fever, swollen glands and a cough."

In responses, check for the following missing facts:
1. Immediate, accurate testing of AIDS is not available; no cure exists for AIDS.
2. "Wiping needles" does not diminish the hazard; even boiling does not guarantee sterility.
3. Ordinary kissing is not hazardous.
4. Some symptoms could indicate AIDS or many other conditions; only a physician can diagnose.

E. *Summary*
Ask students to draw up health charts for display in the classroom, the health room, etc., showing the precautions to avoid getting AIDS.

Closure

Teacher asks students to respond to the following review questions:

1. In what ways is the AIDS virus transmitted?
2. How can living by moral principles prevent the spread of AIDS?
3. What are some ways to say "NO" to peer pressure?

Alternate review activity: Ask students to design an information booklet or page for people who do not know much about AIDS.

The teacher should encourage students to discuss at home how moral principles can help to avoid AIDS transmission. They may wish to ask their parents or other family members
to share important family values,
to name a religious belief or principle that helps them to choose good actions,
to give examples of their own approaches to good decision-making,
to explain what they do when someone tries to pressure them into a wrong action, etc.

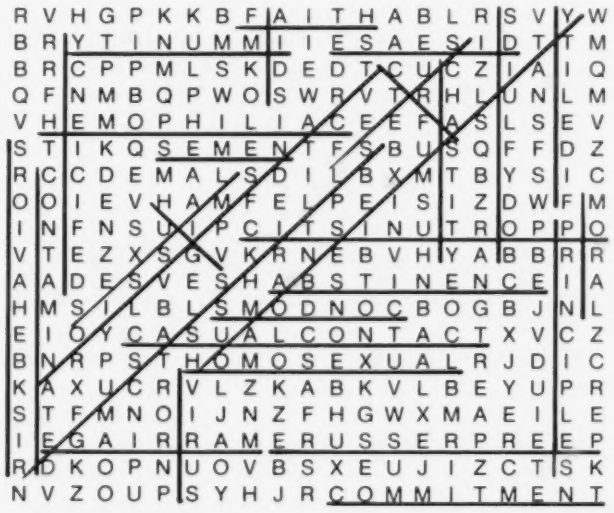
AIDS-RELATED WORD SEARCH

R V H G P K K B F A I T H A B L R S V Y W
B R Y T I N U M M I I E S A E S I D T T M
B R C P P M L S K D E D T C U C Z I A I Q
Q F N M B Q P W O S W R V T R H L U N L M
V H E M O P H I L I A C E E F A S L S E V
S T I K Q S E M E N T F S B U S Q F F D Z
R C C D E M A L S D I L B X M T B Y S I C
O O I E V H A M F E L P E I S I Z D W F M
I N F N S U I P C I T S I N U T R O P P O
V T E Z X S G V K R N E B V H Y A B B R R
A A D E S V E S H A B S T I N E N C E I A
H M S I L B L S M O D N O C B O G B J N L
E I O Y C A S U A L C O N T A C T X V C Z
B N R P S T H O M O S E X U A L R J D I C
K A X U C R V L Z K A B K V L B E Y U P R
S T F M N O I J N Z F H G W X M A E I L E
I E G A I R R A M E R U S S E R P R E E P
R D K O P N U O V B S X E U J I Z C T S K
N V Z O U P S Y H J R C O M M I T M E N T

Can you find these words?
(Be sure to check for backward and upsidedown words)

COMMITMENT
HUMANSEXUALITY
OPPORTUNISTIC
TRANSMISSION
HOMOSEXUAL
SEXUAL
CHASTITY
AIDS
PEER PRESSURE
CASUALCONTACT
RISKBEHAVIORS
HEMOPHILIAC
BODYFLUIDS
IMMUNITY
CONDOMS
ARC
PRINCIPLES
REFUSALSKILLS
CONTAMINATED
DEFICIENCY
ABSTINENCE
MARRIAGE
DISEASE
SEMEN
FAITH
VIRUS
HIV
FETUS
MORALS
FIDELITY

---------- Detach Answer Key for later distribution ----------



SPREADING AIDS

(4 known ways)

1. **SEXUAL CONTACT**
   with an infected person

2. **DRUG ABUSE**
   through sharing contaminated needles
   or other drug-related items

3. **PREGNANCY**
   or breastfeeding by a woman infected
   with the AIDS virus

4. **BLOOD TRANSFUSIONS (VERY RARE SINCE 1985)**
   of infected blood
   or blood products

HOW TO AVOID GETTING AIDS

SEXUAL CONTACT

Develop the skill to say no.

Abstain from sex until marriage.

Be faithful within marriage.

Never have sexual contact with anyone
whose history and current health status are unknown,
who has had multiple sex partners,
who is known or suspected of having AIDS,
who abuses intravenous drugs.

DRUG USE

Never abuse intravenous drugs.

Never share needles or syringes for any purpose.

Seek help for any drug (prescriptive or other) problem.

Avoid excessive use of alcohol which affects judgment.

PREGNANCY

Recognize that any children carried by or breastfed by an infected mother are at increased risk for AIDS.

BLOOD

Anyone ever testing HIV-positive should never donate blood, body organs, sperm, or other tissue.

Never share personal items that could be contaminated with blood; e.g., toothbrushes, razors, etc.

Follow safety procedures for dealing with blood spills.

Follow procedures exactly if involved in laboratory work.

The Ninth Grade Student

Ninth grade students live in an ever-expanding social world. They are exposed to values that are new to them and to peer pressures directly related to drug abuse and sexual activities. Students at this level need support systems to help them examine their own value systems and to make wise and moral choices.

Fourteen-year-olds are persons who

- seek friendly relationships with members of the opposite sex;
- can relate the life and teaching of Jesus to their own experiences;
- are interested in scientific, rational thought;
- begin to see themselves as part of God's plan;
- seek meaning in life;
- need ongoing guidance from significant adults;
- perceive themselves as immortal.

Some suggestions for teaching ninth graders

- provide opportunities to develop well rounded relationships with peers of both sexes;
- use activities in which they can make judgments about different values;
- develop refusal skills that can be effective in dealing with peer pressure;
- encourage positive peer support systems;
- plan gradual broadening of the areas in which students make choices within the classroom setting;
- apply the life and teaching of Jesus to everyday teen experiences;
- allow for both logical considerations and emotional responses in class discussions;
- invite these youth to set high goals for their lives and to act in accord with them;
- provide opportunities for group and individual guidance with significant adults.

Lesson # 29

CHRISTIAN RESPONSE

Lesson Objectives

The students will be able to

C- 5 identify with Jesus' compassion toward the sick as they express compassion toward persons with AIDS and other serious illnesses;

C-13 recognize the personal challenge as a Christian in responding to AIDS.

Overview

After a "Scripture Search" for Jesus' response to personal disasters, students share meaningful passages, apply the ideas to relating to persons with AIDS, then survey the Catholic community's response to persons with AIDS in their arch diocese.

Basic Information and Vocabulary

Besides the orientation material, the teacher should be familiar with the content of Lessons # 17, 20, 23, and 26. The teacher may wish to reflect also on Pope John Paul II's address at Mission Dolores and or "A Challenge and a Responsibility" by Cardinal Joseph Bernardin (both in Section 4).

Vocabulary:
hospice

Suggested Materials

New Testament (for students)
Copies of recent articles concerning persons with AIDS
or
Guest panel to describe persons with AIDS and the Church's response
Handout # 29, Suggested Survey Questions

Teaching/Learning Activities

A. *Introduction*

Begin by asking students to describe people's response to some recent personal disasters on world news, in their own areas, where their relatives live, etc. After a few minutes, ask the students to begin a "Scripture Search" individually and reflectively of Matthew, Mark, Luke, or John's accounts, looking for incidents that reveal Jesus' response to situations of personal disaster severe illness, alienation, death.

(Some examples: John 9:1-7; Mark 1:40-41; John 8:3-11)

After all have had time to find at least one example, ask student volunteers to share the passages they found. To keep these in mind, a key phrase for each account could be written on the blackboard. After a number of passages have been read, invite students to explain what they see in the life of Jesus.

(Answers should include these key ideas:
He reaches out to those in need — to the lowly, the alienated, the sick.
Always concerned for the person
Pays little attention to the cause of the illness or tragic situation)

If desired, the teacher could also invite students to recall what Jesus taught others about responding to the lowly, the alienated, the sick.
(One example: Whatever you do to the least. . . .)

B. *Application*
The teacher then helps the students to apply the example of Jesus' compassion to relating with persons with AIDS:

> In the light of Jesus' response to the people with whom he lived, how would he have responded if a person with AIDS had approached him? if he met someone who had been evicted because of AIDS? if he met a group running a person with AIDS out of town?

C. *Activity*
One option: Distribute copies of recent articles concerning persons afflicted with AIDS. If no current articles are available, the teacher could substitute this vignette from "The Many Faces of AIDS":

> Peter is in his late twenties and successful in his career. His life journey to this point has not always been easy. He has been aware of his homosexual orientation since his teens, but the reactions of others to this have often left him feeling alone or rejected. Over the years he has been sexually active, and recently, when his employer discovered that Peter has AIDS, he was fired. He feels frightened and angry as he tries to live without medical insurance.

Students form into groups of three, read some of the articles, and determine together if the Gospel message was being lived in the way society, friends, and family were described as dealing with the issue.

Another option: The teacher invites a panel of community AIDS resource persons including, for example, a member of the clergy or lay minister, a person who has AIDS or a family member of a person afflicted with AIDS, and a Catholic educator or health representative to speak to the class on ideas such as these:

- What it is like to have AIDS
- What should be the Catholic Church's ministry to persons living or dying with AIDS

F. *Survey*
The students can then work together as a class or in groups to design a survey of any Catholic collaborative action in their arch/diocese that shows concern toward persons with AIDS.

Suggested questions for the survey are listed on Handout # 29.

Students then conduct interviews, surveying the local community on the above needs for compassionate and responsible concern for persons with AIDS. Interviews could be planned with local Church leaders, medical administrators, social services, and city authorities.

Students then compile results of the survey and outline
1. the strengths of the local Catholic community in responding to the needs of persons with AIDS and their families
2. the collaborative action still needed to address the objectives in the survey and any other needs.

A small team of students incorporates this outline into a position paper which is then shared appropriately with those in the Church community who can help make a difference.

Closure

Students spend a few minutes privately reflecting on what it is like to be a person afflicted with AIDS, with all the fear and the worry. In prayer, the student is encouraged to make a responsible decision about this current need within the Church community. The reflection time could close with the following prayer:

Jesus, you came to show us how to live, how to respond to others, how to minister to their needs — especially to the needs of the ill and those outcast by society.
Give us each the courage to accept the AIDS issue as a call to us for Christian compassion.
Give us your Spirit's gift of knowledge to dispel myths with clear, sound information and to affect the attitudes of others.
Give us your gift of wisdom to articulate the need of our community to minister to persons with AIDS.
Help each of us to be an ambassador of the Gospel through our personal understanding and compassion for those who suffer.
We ask all this, Jesus, in your name. Amen.

SUGGESTED SURVEY QUESTIONS ON THE CATHOLIC COMMUNITY'S RESPONSE TO PERSONS WITH AIDS

1. Are there acute and long-term health facilities to care for persons with AIDS and ARC in the community?

2. Do hospitals provide adequate educational opportunities for their personnel? Have they developed sufficient procedures to insure respectful and compassionate care of persons with AIDS?

3. Are there hospice (shelter or lodging) programs in the community to address the unique needs of persons dying from AIDS?

4. Does the local media develop programs to help reduce prejudice and discrimination towards persons with AIDS?

5. Do arch/diocesan agencies or local parishes sponsor ministries to assist the families and friends of persons living with AIDS and to support them in their bereavement after death?

6. Are leaders of the Black and Hispanic communities, as well as the community as a whole, attentive to the special needs of Black and Hispanic persons with AIDS?
   (In one year — Sept. 1, 1987-August 29, 1988 — reported cases among blacks increased from 24% to 36% of all reported cases. Reported cases among Hispanics have moved from 13% to 16% of the total cases reported.)

Based on the survey, an outline is developed, including

1. the strengths of the local Catholic community in responding to the needs of persons with AIDS and their families;

2. the collaborative action still needed to address the objectives in the survey and any other needs.

Lesson # 30

BASIC INFORMATION; TRANSMISSION AND PREVENTION

Lesson Objectives

The students will be able to

B- 5 describe the body's immune system and its destruction by the AIDS virus;

T-12 identify four ways the AIDS virus is transmitted and prevented;

T-11 explain basic safety precautions related to emergency procedures.

Overview

In this lesson the teacher and students will review what may have been covered already in the students' previous study of AIDS. It will supplement necessary facts, encourage a compassionate Christian attitude toward persons with AIDS, and recall precautions when handling an accident involving bleeding.

Background Information and Vocabulary

The teacher should be familiar with the content of Lessons # 18, 19, 22, 25, and 28 as well as with the Surgeon General's Report on AIDS.

Vocabulary:

virus
immune system
fatal

Suggested Materials

Handout # 30a, Pre-test on AIDS
Handout # 30b, AIDS Facts
Transparency Master # 28b, Spreading AIDS
Handout # 30c, Worksheet on AIDS Prevention
Handout # 28c, How to Avoid Getting AIDS

Teaching/Learning Activities

The teacher begins the lesson by discussing briefly the situation described below by eliciting from students some helpful and compassionate ways to treat a person infected with AIDS.

WHAT WOULD YOU DO IF...?

Your friend who is a freshman in high school has a positive result on the AIDS antibody test and shares this information with you.

B. *Pre-Test*

The teacher administers Handout # 30a, a brief pre-test. Student responses are then corrected and discussed in class as a means of review.

AIDS PRE-TEST ANSWER KEY

1. False. No cure exists for AIDS.
2. True
3. True
4. False. It is "acquired," not inherited.
5. True
6. False. AIDS has not been limited to any specific ethnic group(s).
7. True
8. False. AIDS is spread also by infected heterosexuals, by drug abusers — and to a lesser degree through infected mothers and infected blood or organ donors.
9. True
10. True
11. False. Scientists know that HIV causes AIDS.
12. True
13. True
14. True
15. False. Newborn babies can become infected with the AIDS virus from their mothers during pregnancy, birth, or through breastfeeding.

C. *Study*

Next the teacher distributes Handout 30b, AIDS Facts, saying:

> Although we have learned some basics about the immune system and the AIDS virus, this gives more details and a better understanding. Please study this material and complete the related comprehension questions.

AIDS Facts can be used as a class activity or as individual study by students.

D. *Presentation*

Using Transparency Master # 28b, the teacher reviews the four known ways in which AIDS is spread, adding some new information:

The AIDS virus is transmitted

1. through sexual contact with an infected person

The AIDS virus can be transmitted through sexual intercourse with an infected person. HIV can be carried in the semen of a man or in the vaginal fluid of a woman.

2. through sharing contaminated needles or syringes

The most common method of contamination by blood is by the sharing of needles for intravenous drug abuse

(shooting up). It is also possible to pass on the virus with shared tattoo needles or shaving razors or even toothbrushes if bleeding is involved. Although no cases from open-mouthed kissing or deep kissing have been documented, some risk exists. The common element in all these is getting the blood of an infected person directly into the bloodstream of another person.

3. from an infected mother to an infant in the womb or during breastfeeding

A woman who is infected with the AIDS virus may spread the virus to her baby during pregnancy or during birth. It is also possible that an infected mother could pass the virus during breastfeeding. The risk of HIV transmission from an infected mother to her infant is estimated at 30%-50%. HIV antibody in the newborn does not necessarily indicate infection in the child.

4. through transfusion of infected blood or blood products

Blood contamination happens when the AIDS virus gets into the bloodstream. In the past in the United States, this sometimes happened during blood transfusions because of infected blood supplies. Since March, 1985, however, all blood donations to blood banks affiliated with the American Association of Blood Banks and the American Red Cross have been screened for HIV antibodies. The chance of AIDS infection from blood supplies from those blood banks which collect blood from volunteer donors in the U. S. is now very small (e.g., about 50-70 cases of transfusions associated with AIDS may result out of 18 million transfusions in the next twelve months). Presently contaminated blood supplies are still possible in Third World countries.

An important note is that the voluntary donation of blood to a non-profit blood bank is 100 percent safe. In the United States, blood banks use brand new equipment for every donor. Donors cannot get anything but the satisfaction of helping others.

That is it. No matter what else you may have heard, those are the only ways in which AIDS is known to be spread. AIDS can only start to develop after the virus reaches the bloodstream and gets into the helper T-cells. Even though the virus may be present in one person's body fluids, it has to get into another person's bloodstream in order to cause infection.

Yet caution is needed. It is possible that some persons may not even be aware they are carrying the AIDS virus. Infected individuals, even those without symptoms, may be able to pass on the virus to others. It makes sense to take necessary precautions.

So what can you do about it? You can protect yourself and your loved ones by avoiding risky behavior.

E. *Practice*

So that we can identify risky behaviors quickly, let us now use this worksheet to practice making judgments quickly.

Distribute Worksheet # 30c, AIDS Transmission Worksheet, instructing students to put a check in the column "Risk" if *any* risk could be involved or in the column "No risk" if risk is *never* involved.

After all are finished (or the following class), correct Worksheet # 30c.

Answers:	Risk — 1	No risk — 2	12
	6	3	13
	8	4	14
	9	5	17
	11	7	18
	15	10	19
	16		20

If — while discussing Item #9 — all students are not aware of precautions for cleaning up blood (in case it carries the AIDS virus), instruct them to 1) wear rubber gloves; 2) use a 1-part household bleach to 10-part water solution for washing the area of the spill. You may wish to adapt the earlier presentation that is included in Lesson #22.

Closure

The teacher instructs the class to turn to the person next to them and together to list the ways to avoid infection with AIDS.

After a few minutes, students — in pairs, groups of four, or as a class — check their lists by using Handout # 28c, How to Avoid Getting AIDS. Students should be encouraged to take home their corrected pre-tests, worksheets, and lists to share with their parents and older brothers and sisters.

AIDS PRE-TEST

True	False	
_____	_____	1. AIDS can be cured if detected early.
_____	_____	2. There are certain activities recognized as "high risk" for the transmission of the AIDS virus.
_____	_____	3. There is no evidence that AIDS can be transmitted by casual contact through air, food, water, or shaking hands.
_____	_____	4. Acquired Immune Deficiency Syndrome is an inherited disease.
_____	_____	5. In the U.S. at the present time, more males than females have contacted AIDS.
_____	_____	6. AIDS is limited to certain ethnic groups.
_____	_____	7. AIDS is a very costly medical condition to treat.
_____	_____	8. AIDS is spread only through homosexuality.
_____	_____	9. A person's immune system helps keep one from becoming ill.
_____	_____	10. AIDS attacks the body's immune system.
_____	_____	11. Scientists still don't know what causes AIDS.
_____	_____	12. AIDS is most often spread by contact during intercourse.
_____	_____	13. Intravenous (IV) drug users can get AIDS from infected blood by sharing needles.
_____	_____	14. Blood from blood banks is now carefully tested to prevent the transmission of AIDS.
_____	_____	15. Newborn babies cannot get AIDS even if their mothers have the disease.

AIDS FACTS FOR STUDENTS

To the student:
Read the following paragraphs and answer the questions at the end.

The invader is small, even in the microscopic world of bacteria, amoebas, and viruses. It is alive only in the strictest sense of the word. It has no intelligence, no means of mobility, no methods of defense in the outside world. It is fragile, easily killed by common household bleach and even short periods outside the body. Yet it may be the most dangerous enemy in human history. It is the AIDS virus, and it is a killer.

AIDS is a syndrome or a medical condition caused by a virus that breaks down part of the body's immune system, leaving a person defenseless against a variety of unusual, life-threatening illnesses.

Each of the letters in AIDS stands for a word:

ACQUIRED
This means the disease is passed from one person to another. It is not hereditary in nature.

IMMUNE
The body's defense system, which normally protects us from disease.

DEFICIENCY
This means the defense system is not working.

SYNDROME
A group of symptoms which, when they occur together, mean a person has a particular disease or condition.

The body's immune system normally provides us the weapons we need to win constant battles with invading viruses, bacteria, fungi, and other invading organisms. This defense system is powerful but not perfect. Most attacks are detected and beaten off with ease. We do not even know that anything is happening.

But, occasionally, a bug will get to us. A cold or flu virus will make it past the first wave of the body's defenses, called antibodies. These antibodies recognize certain proteins on the viruses, called antigens, and attack and kill them. If there are too many viruses, or if the antibodies don't recognize them, we get sick. Much of what makes us feel bad, such as fever, chills, headaches, and such, is not the virus, but the actions of our own body as it fights off the invading bug.

When antibodies fail to keep a bug out, the immune system brings out the heavy artillery. These are white blood cells which seek out infected cells and eat them. If you think of the video game, Pac-Man, you will get the idea.

But the AIDS virus acts differently from other invaders. It attacks the very cells that normally protect us. It gets inside these cells and takes over the controls. It turns our own white blood cells into mini-factories for making more viruses. Each time a cell is taken over, it fills up with thousands of new viruses, dies and releases those viruses, which attack more white blood cells. After enough attacks, our defense system is weakened and certain infections and conditions that we normally fight off with no problem take advantage of this weakness. These are called opportunistic infections.

Whatever condition develops because of AIDS, the outcome is always the same. The person dies. There are no cures for AIDS, so learning about the syndrome and how to avoid it are our only weapons.

1. What does AIDS stand for?

2. What causes AIDS?

3. How does a healthy immune system function?

4. How does the AIDS virus affect the immune system?

5. What happens to the person who is infected with the AIDS virus? What are the diseases called that are associated with the AIDS infection? Can you name any?

AIDS TRANSMISSION WORKSHEET

For each item, mark "RISK" if *any* risk may be involved;
mark "NO RISK" if risk is *never* involved.

	RISK	NO RISK
1. Sharing a hypodermic needle 2. Hugging your grandmother 3. Spitting 4. Using a public toilet 5. Mosquito bites		
6. Intimate sexual contact 7. Sneezing or coughing 8. Sharing used dental floss 9. Cleaning up after severe bleeding 10. Combing another's hair		
11. Being the baby of a mother with the AIDS virus 12. Reading and learning about AIDS 13. Shaking hands 14. Working together 15. Exchanging blood with another person		
16. French or deep kissing 17. Nearness to a sweaty body in the gym 18. Sharing a fork or knife 19. Using public swimming pool 20. Using the same pen		

Lesson # 31

CHRISTIAN RESPONSE; BASIC INFORMATION

Lesson Objectives

The students will be able to
C-14 form their personal Christian response to problems facing society in regard to AIDS;
B-12 apply critical thinking skills to AIDS-related issues which affect families, church, and country.

In addition to time for individual study, two sessions are recommended — one for critique and comparative study, another for group problem solving.

Overview

In this lesson, the students will be challenged to think critically about important AIDS-related issues which affect them as individuals, as members of the Church, and as citizens of the nation. They will be guided to form their own Christian response to these issues.

Basic Information and Vocabulary

The teacher should be familiar with the content in Lessons # 23, 26, and 29. A review of Section 2, Orientation for Teachers and Parents, will help the teacher to prepare to guide the discussion of Handout # 31b, AIDS-Related Issues.

Vocabulary

crisis	public issue
multi-faceted	carrier
mandatory	human dignity/human rights

Suggested Materials

Current AIDS materials: newspaper clippings, magazine features, pamphlets, videos of TV and news specials.
Handout # 31a, AIDS: Education/Prevention Critique
Handout # 31b, AIDS-Related Issues

Teaching/Learning Activities

A. *Preparation*
The teacher will begin preparing for this class a week or so in advance, gathering some video tapes of TV documentaries, news specials, pamphlets, magazine and newspaper articles directed toward AIDS education or prevention. Students could be asked to help collect materials.

The teacher will assign the students to view or read some of the materials before this class on AIDS education is scheduled. The exhibit can be prepared a week or so in advance and students may study the materials in their available time.

FIRST SESSION
B. *Critique*
To help the students apply critical thinking skills to AIDS-related issues, the teacher will ask students to each choose two of the materials they have studied and to critique the efforts of the authors and/or producers in regard to the education and prevention of AIDS. Students should be provided with two copies of Handout # 31a, AIDS: Education/Prevention Critique.

C. *Comparative Study*
When the above work has been completed individually by the students, they should form small interest groups based on the materials they selected to critique. In groups, they will discuss and share their insights regarding these materials. During group reports, the teacher should focus on accurate, just treatment as well as the presence or absence of Christian principles.

SECOND SESSION
D. *Group Problem Solving*
To help the students form their personal Christian response to AIDS-related problems facing society, the teacher divides the class into groups of 4-6 students and assigns an AIDS-related issue to each group.

To facilitate this process, the issues and the directions for the task are printed on Handout # 31b, AIDS-Related Issues. The teacher may wish to duplicate a copy for each group and/or student.

Closure

As a conclusion to the above analyses, students will be asked to write individual letters to their congress- persons, pastors, or other persons who deal with these AIDS-related issues. The letter should present their position on the AIDS-related issue and propose the BEST solution determined by the respective group.

AIDS: Education/Prevention Critique

DIRECTIONS:
Select two educational or prevention presentations on AIDS from the areas of TV documentaries, news specials, pamphlets, video tapes, newspaper or magazine articles. Use the following questions to critically analyze each presentation, adapting them as needed to fit the specific materials studied.

Title?

Source?

Purpose?

Target audience?

What was treated?

Were the facts accurate?

How Christian were the principles?

Do you have any suggestions to improve the information or the manner of presenting the information?

Name _____

AIDS-Related Issues

"Carrier Issue"

Problems: guilt, embarrassment, loss of privacy, fear of legal consequences, lessening of human dignity, absence of Christian response from others, breaking of confidentiality, loss of housing or work place, discrimination, etc.

"Cost Issue"

Problems: astronomical cost of health care, cost of hospice/hospital programs, implications for insurance, unrestricted rights of persons with AIDS to receive normal and ordinary care, loss of job and salary, cost of life-prolonging drugs, increased numbers of poor, uninsured persons with AIDS, cost of needed research, etc.

"Ministry Issue"

Problems: Need to dispel myths, bias, and discrimination; need to raise consciousness in the Church; confusion about the Church's position on homosexuality; need for education of clergy and laity; dealing with death and dying; alienation of persons with AIDS; etc.

"Testing Issue"

Problems: Ethical questions about mandatory testing for certain groups of people or for all Americans; morality about legislation of testing; violations of human dignity and rights of all; abuse of confidentiality, etc.

Each group should complete these steps with their issue:

1. spend some time analyzing the problems listed for each issue and mention any other problems that seem related;

2. brainstorm possible solutions for each stated problem and identify a morally right solution;

3. propose a plan for implementing that solution within a truly Christian framework;

4. present the problem and the proposed solution to the class in large group discussion.

The Tenth Grade Student

Tenth grade students often feel moody, tend to be self-conscious, can be easily bored, and are apt to experiment in their behavior. These fifteen-year-olds need to see themselves as important and valuable to adults. Students at this age respond to opportunities to participate in problem solving and are capable of conscious, consistent moral behavior.

Fifteen-year-olds are persons who

- exhibit a lack of order in their lives;
- have new insights into personal relationships;
- can be listless, inactive, and easily bored;
- seek relief from boredom by testing out new kinds of behavior such as drinking, vandalism, etc.;
- are capable of deep affection;
- are at times quiet, introspective, pensive, uptight, self-conscious;
- have insights into personal faith and prayer;
- do learn, but sometimes in a reluctant manner;
- may experience substantial peer pressure related to sexual experimentation;
- believe in their own immortality and consequently may tend to be reckless in behavior.

Some suggestions for teaching tenth graders

- help them feel that they are important to the teacher;
- make moral responsibility an integral part of learning;
- stress the value of the individual together with insights into interpersonal relationships;
- stress personal faith and prayer;
- include practical problem solving;
- allow time to test out the values presented;
- provide assistance in recognizing the wonder of being persons.

Lesson # 32

CHRISTIAN RESPONSE

Lesson Objectives

The students will be able to
C-15 discuss the human realities and suffering of a person with AIDS;
C-16 articulate moral responsibility for actions based on Gospel values and Church teaching.

Overview

Beginning with a letter to Ann Landers, the students discuss the moral responsibility and the human dimensions associated with AIDS with special emphasis on the actions of Christ and the teaching of the Church.

Basic Information and Vocabulary

By now, the students should know that persons who engage in sexual acts with persons likely to be infected with AIDS add grave physical danger to any existing moral danger. The teacher should review the content of Lessons # 28 and 29.

Vocabulary:
monogamous sexually transmitted diseases

Suggested Materials

Handout # 32, Guide Questions (one per group of 4 to 6 students)

Teaching/Learning Activities

A. *Introduction*
To get the students into the lesson, ask them (in pairs) to exchange recollections about any surprise party they have experienced OR read one or two letters from Ann Landers' column letters with which sophomores can identify, inviting them to respond to the teen inquirers.

B. *Case Study*
Then continue with the following:
Ann Landers, in her column, printed a letter with this basic message. After I finish reading it, please move into your small groups and discuss the questions on the guide sheet.

"When I turned sixteen, I knew the crowd had something in store for me to mark my 'maturity.' To my surprise and shock I found they had engaged a young woman for the night, obviously a 'professional' in her business. Before I could convince them that I really

wanted no part of her, they had literally carried us off to a nearby motel room — also already arranged.

"I couldn't believe my friends had gone this far; I thought it would turn out to be a joke. At first I went into the room convinced I would just put in time in that room and not be pushed into anything with a prostitute. After several of her comments about my being afraid and incapable, however, I decided I had to mark my 'maturity' or forever be the butt of jokes.

"She quickly moved through the act, then left for the bathroom. When she didn't come out, I knocked on the door — afraid what might have happened. I found the bathroom empty, the window open, and scrawled with lipstick on the mirror the words, 'Welcome to the world of AIDS.'"

— Based on letter in Ann Landers' column

C. *Discussion*
Students discuss the Guide Questions on Handout # 32. After the discussion, several approaches are possible; e.g.,

1. each group leader could report to the class, followed by general discussion on each item;
2. one person in each group could write the group's response to each item, submitting them for general class discussion;
3. each individual could write individual responses, submitting them as a basis for the next day's general class followup.

The following section suggests possible student answers and/or ideas for teacher comment:

a) What is your overall reaction to this account?
It is hoped that some students will express anger at the "friends" for their warped sense of humor, disappointment that the fellow went along with a situation he really didn't like, disgust at the thought that someone would make a living selling sex — with the added responsibility for possibly spreading an infection that leads to death.

b) Assuming for the sake of discussion that the story is true, who is responsible for the young man's sexual encounter with the prostitute and for his possible infection with AIDS?
His friends are responsible for setting up the situation. But the youth is still responsible for his own actions — or in this case for not leaving a situation he knew was wrong.

c) Consider this possible next episode in this young person's life: The youth's parents heard about the "birthday event" and told their son to clear out of the family home, forbidding him to return — especially if he should become incapacitated as a result of AIDS. What would you suggest they consider — based on

(1) the words of Christ;
Christ frequently called his followers to forgiveness; e.g., "Forgive as you want your heavenly Father to forgive you." "Forgive how often? Seven times? No, rather seventy times seven times." "Father, forgive them; they know not what they do." The story of the Prodigal Son.

(2) the actions of Christ;
Jesus often associated with persons who had sinned, but repented; e.g., the woman he saved from being stoned after she was caught in adultery; Zaccheus, the tax collector, who had defrauded many, but promised to repay each one generously. He also associated with persons with whom others would not associate; e.g., the Samaritan woman. Moreover, he often focused on healing the diseased; e.g., the man with the withered hand, the lepers, the crippled man by the Pond of Siloe. Never did he write someone off because the person "deserved it."

(3) the teaching of the Church.
The Church teaches the need for supporting each other in community; e.g., "When one member suffers, all members suffer with him or her." (1 Cor. 12:26) Christians are called to suffer with each other — not cut each other off when in need.

The Church proclaims a message of hope and healing. For centuries its members and institutions have ministered to the ill, focusing both on physical and spiritual needs.

Closure
The teacher could close in this manner:

In the letter to Ann Landers, a young man was led into a life of regret and suffering. In a situation like this, Christ's example of unconditional love and the tradition of the Church can bring peace.

First is the peace that can result from faithfulness to Christ's way of life. The youth could have lived his principles — and moved into his later teens in peace. The Church's call to a faithful monogamous relationship in marriage seems to be proving very up-to-date, the only sure way of avoiding AIDS and other sexually transmitted diseases.

Second is the peace that flows from forgiving others who disappoint or hurt us. Christ models for us and calls us to forgive, to judge not, to support and minister to others in need.

Each of us has at some time been less than faithful to Christ's call and at some time withheld forgiveness from others. Let us now pause for a moment to ask our God's forgiveness for our lack of faithfulness and for our hesitancy to forgive others. (pause)

And let us close with the prayer that speaks especially of forgiveness: Our Father. . . .

GUIDE QUESTIONS

a) What is your overall reaction to this account?

b) Assuming for the sake of discussion that the story is true, who is responsible for the young man's sexual encounter with the prostitute and for his possible infection with AIDS?

c) Consider this possible next episode in this young person's life:
The youth's parents heard about the "birthday event" and told their son to clear out of the family home, forbidding him to return — especially if he should become incapacitated as a result of AIDS.

What would you suggest they consider — based on

(1) the words of Christ;

(2) the actions of Christ;

(3) the teaching of the Church.

Lesson # 33

BASIC INFORMATION

Lesson Objectives

The students will be able to

B- 3 replace myths about AIDS with facts;

B-13 explain that a person can feel and appear healthy and be a carrier of the AIDS virus (HIV);

B-14 distinguish that treatments, not cures, are currently available to persons with AIDS.

Overview

After reviewing the common myths about AIDS, the students will focus on carriers in the asymptomatic stage and their moral obligations.

Basic Information and Vocabulary

Prior to this lesson, the teacher should review Lessons # 24, 25, 27, and 30.

Vocabulary:

myth asymptomatic

Suggested Materials

Handout # 33, AIDS Signs and Symptoms, is based on the "Surgeon General's Report on Acquired Immune Deficiency Syndrome."

Teaching/Learning Activities

A. *Introduction*

The teacher could begin as follows:

As you may know, throughout history myths have developed about conditions which people could not explain. At one time, for example, some people thought that persons became mentally ill because they had slept in the rays of the full moon (hence the term "lunacy" from *luna*, Latin for moon). Now we know this is a myth.

Because AIDS is not fully understood, many myths exist about that condition. What are some myths about how somebody can catch AIDS, some myths that have been proven untrue?

(Review should include a variety of erroneous "causes" as these: toilet seats, sneezes, shaking hands, sharing a glass or Communion chalice, using a telephone, being near or dancing with an infected person, etc.)

B. *Presentation*

Today we will deal with one more myth about AIDS: the belief that as soon as a person contracts AIDS, that person becomes ill.

Many everyday infections become evident quickly; for example, when we encounter the flu virus and our bodies cannot fight it off, we soon — within a few days — find ourselves sick with the flu. This pattern is true for most infections.

In the early 1900's we experienced one communicable disease that acted differently. Although many became seriously ill as a result of the disease, it was possible for someone to react positively to a test without having active symptoms of the disease. Does anyone know the name of this disease?

(Tuberculosis or TB)

Do any of you know about skin tests for TB? When persons test positive on the skin test, they must get a lung X-ray to determine whether they actually have the disease or if they have already recovered and are no longer infectious.

AIDS, when compared with standard infections, also differs in its response. After infection with the AIDS virus (HIV), some people remain apparently well. The Centers for Disease Control estimate that the incubation period between HIV infection and symptoms is 3 to 5 years or more. Present research indicates that about half of the people infected with the AIDS virus have no symptoms.

One major difference exists between the person who tests positive for TB without active symptoms and the person who carries the AIDS virus without symptoms: the person without active TB symptoms cannot infect another person, but the carrier of the AIDS virus who has no symptoms can spread that virus. Sometimes this stage of AIDS is called "asymptomatic" which means "without symptoms."

C. *Review*

Briefly, what symptoms are associated with AIDS or ARC? Let's review the common AIDS-related symptoms.

(Loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, fatigue, lack of resistance to infection, swollen lymph nodes)

Handout # 33 could be used at this point to assist with the review or later to summarize the lesson.

If the symptoms are the same for AIDS and ARC, what is the difference in those two stages?

(With ARC, the opportunistic diseases and AIDS-related cancers have not invaded the body. Persons with AIDS also have symptoms of certain forms of pneumonia and cancer.

Evidence shows that the AIDS virus may also attack the nervous system, causing damage to the brain.)

D. *Discussion*

If you did not have any flu symptoms, you might consider yourself lucky. AIDS, however, is very dangerous when an infected person has no symptoms. Why is that true?

(Because infected individuals — not knowing they are infected — can spread the virus to others. Another reason is that an AIDS virus carrier could unknowingly activate the condition by receiving live virus vaccines.)

E. *Presentation*

What should persons who think they may have acquired AIDS do?

First, they should contact a qualified health professional for AIDS testing.

If positive, infected persons are morally obliged to avoid spreading the AIDS virus to others. (Moral obligation is deeper than the obligation to follow a civil law; it rests on a basic human sense of what is profoundly right and wrong.)

The three actions that infected persons must avoid are these:

1. intimate sexual activity;
2. passing on their intravenous needles or syringes from drug or other use;
3. donating blood, organs, tissues, or sperm which may contain the AIDS virus.

Even if the testing is negative, the persons should be aware that the AIDS virus has a delayed effect and ordinarily does not test positive for six to twelve weeks or even longer. This delay or "window" for testing can extend up to twelve months. For that reason, negative testers should take the same precautions as those who test positively until future testing can be done to confirm the negative results.

If a person is undergoing AIDS treatments, what are the chances of a cure?

Currently no cure has been found for AIDS. Treatments (for example, AZT) merely add to the comfort and to the lifespan of those with AIDS. The person is morally obliged to avoid any actions that could spread the deadly virus to others.

Closure

Let us conclude this lesson by summarizing the three stages of AIDS signs and symptoms.

If students have not yet received Handout # 33, distribute it at this time and use it in the final clarification and summary process.

Lesson # 34

CHRISTIAN RESPONSE; BASIC INFORMATION; TRANSMISSION AND PREVENTION

Lesson Objectives

The students will be able to

C-12 understand and appreciate that sexual activity and sexual intercourse have meaning and purpose only within a marriage commitment;

B- 6 define homosexuality and related Church teaching;

T-15 explain the morality and unadvertised risk of AIDS involved in using condoms;

T-18 explain the morality and risk of AIDS involved with oral-genital or anal sexual activity.

Overview

After a review of AIDS-related risks, the teacher will explain the meaning, morality, and risk of AIDS involved in oral-genital and anal sexual activity. A clear distinction will be drawn between a homosexual orientation and homosexual genital activity. The teacher will also review the morality and the unadvertised risk of getting AIDS involved in using condoms.

Basic Information and Vocabulary

The students would be expected to have the basic background from standard classes in biology and human sexuality. The teacher should be familiar with the content of Lessons # 21 and 28.

Vocabulary:

anal sex oral-genital sexual activity

Suggested Materials

Transparency Master # 28b, Spreading AIDS, for review

Copies of "AIDS: Time for a Moral Renaissance" by Cardinal Basil Hume of England (in Section 4)

Teaching/Learning Activities

A. *Reflective Reading*

Begin class with time for a slow reflective reading (silently or orally with prepared, varied readers) of "AIDS: Time for a

AIDS Signs and Symptoms

Three stages:
(All test positive)

1) **No SIGNS**

No physically apparent symptoms

HAZARDS: unknowing infection of others
activation of condition through vaccines

2) **ARC**
(AIDS-Related Complex)

Some symptoms, less severe than with classic AIDS

e.g., loss of appetite
weight loss
skin rashes
diarrhea
swollen lymph nodes
fever
night sweats
tiredness
lack of resistance to infection

HAZARD: These symptoms may indicate other serious diseases.

3) **AIDS**
(Acquired Immune Deficiency Syndrome)

Body's immune (defense) system is destroyed

Otherwise controllable infections invade the body and cause additional diseases and may eventually cause death

Symptoms — Same as ARC (above)

plus symptoms of the "opportunistic infections"
e.g., Pneumocystis carinii pneumonia
a persistent cough and fever with shortness of breath or difficult breathing

or symptoms of AIDS-related cancers
e.g., Kaposi's sarcoma, a form of cancer
with multiple purplish blotches and bumps on skin

or brain damage

NOTE:
As is the case with all infectious diseases, the reactions of individuals to the AIDS virus may differ.

Moral Renaissance" (in Section 4). You may wish to use a background of instrumental music and have readers pause between paragraphs of the article. Allow time for student response to the article, e.g., citing ideas they believe should be heard in this country, lines they believe are especially convincing, etc.

B. *Review*

Let us now move from this article to a short review, then to some new areas related to AIDS. In an earlier lesson about the transmission and prevention of AIDS, we learned about high-risk behaviors and how to avoid getting AIDS. We will use this transparency to review some of those points.

(Use Transparency Master # 28b)

All of these behaviors that can transmit the AIDS virus, you may recall, involve an exchange of body fluids with another person. These fluids include blood, semen, or vaginal secretions. Even the slightest cut or tear in the skin or mucous membrane lining can allow one of these fluids — and the HIV virus — into the blood stream.

C. *Presentation*

Today we will consider further the AIDS-related risk involved in any exchange of body fluids with another person. Specifically we will look at two ways in which that exchange can occur, ways that some people may not know can spread the infection of AIDS.

In the book of Genesis, after the creation of the first couple, we read, "This is why a man leaves his father and mother and clings to his wife, and the two of them become one body."(Gen. 2:24) With these words, the sacred writer stresses the fact that conjugal union between husband and wife is willed by God. Conjugal union is properly understood as the insertion of the man's penis into the woman's vagina.

There are some in our society who would advocate that any manner of sexual expression between consenting adults should be allowed. That is not the Church's understanding of authentic sexual union. We will consider two forms of sexual activity — oral-genital and anal — in terms of morality and in terms of HIV infection.

Implications of Oral-Genital Sexual Activity

While touches and kisses are part of the preparation for intimate sexual activity and may include various parts of the body of the man or the woman, couples are called to full conjugal union. Oral-genital contact ("oral" means mouth) will not place at risk of AIDS those couples who are and have been faithful to each other and have not abused intravenous drugs. If, however, one of the partners should be infected with AIDS, the other could absorb the virus into the bloodstream; e.g., through infected semen or vaginal fluids entering slight tears in the mouth or gums.

Implications of Anal Sexual Activity

Anal sexual activity involves the inserting of the penis into the anus (excretory opening) of a partner, male or female. This action is morally at odds with the Church's understanding of authentic conjugal union which is open to the transmission of life. It is not a substitute for the mutual self-giving and human procreation afforded in vaginal intercourse.

Because anal or rectal tissue is easily torn during anal intercourse, it is possible that the semen from an HIV-infected partner can enter the person's bloodstream. Even apart from the AIDS danger, anal sex is physically abusive and can lead easily to other infections.

Implications Related to Homosexuality

Homosexuality is a sexual orientation toward a person of the same sex. During adolescence, some young persons — in developing as sexual persons — may experience a temporary attraction to persons of the same sex. Ordinarily this is only a temporary experience.

A person with a homosexual orientation is called to live a full Christian life. The person has the same rights and dignity as anyone else. The Sacred Congregation ("On Pastoral Care of Homosexual Persons," 1986) demands respect for the persons involved:

> It is deplorable that homosexual persons have been and are the object of violent malice in speech or in action. Such treatment deserves condemnation from the Church's pastors wherever it occurs. It reveals a kind of disregard for others which endangers the most fundamental principles of a healthy society. The intrinsic dignity of each person must always be respected in word, in action and in law. (#10)

A clear distinction should be made between homosexual orientation and homosexual genital acts. The Church, reflecting Scripture and its moral tradition, clearly states that the moral norm for conjugal union is between husband and wife — a union that is self-giving and life-giving. According to that norm, homosexual acts —gay or lesbian — lack an essential finality and therefore are morally unacceptable. In terms of AIDS, the sexual activity discussed in this lesson involves high risks for homosexuals as well as heterosexuals if one person is infected.

Implications of Condom Use

Some advertisements would have us believe that a condom (a protective sheath that fits over a man's penis to prevent semen from passing to the sexual partner) solves all problems of infection and frees persons for any sexual activity without fear of infection. Originally proponents said that a condom makes sex "safe" if it covers the penis from the beginning to the end of the sexual activity. Now they say it makes it "safer."

From the viewpoint of morality, the Catholic tradition has always prohibited condom use because it frustrates the natural finality of the sexual act. The Church's objection to condom use is not based on their limited effectiveness. It is based rather on principle.

The only genuine protection against the sexual transmission of AIDS is chastity, not condom use. This position is supported by research which indicates that the thin rubber of a condom is liable to tear and allow the exchange of infected body fluids. Such research has shown that condoms are frequently unreliable, even if properly used; e.g.,

- Government tests indicate that the failure rate may be as high as 20%.
- The AIDS virus is 30 times smaller than a sperm cell; therefore the virus may be able to penetrate some kinds of condoms.
- Considering all factors, some research shows that failure rate can range from 3% to 65%.

Basically, research is showing that, while condoms may provide some barrier to AIDS infection, they are often unreliable.

The Church has always held that the maximum physical expression of married love is sexual intercourse which expresses the couple's marital love and is open to procreation, using no barriers to conception (such as condoms). Outside of marriage, the recommendation of condoms would implicitly condone sex between unmarried heterosexuals as well as between homosexuals. The Church fosters the belief that persons are capable of living the Christian vision of human love and responsibility within marriage as well as the radical ideal of self-discipline which is needed in every state of life.

Let us look specifically at self-discipline for the single person. Very simply, sexual abstinence prior to marriage is morally good for many reasons:

- it gives time to build a trusting relationship;
- it avoids the risk of pregnancy;
- it provides a permanent, stable relationship for children;
- it avoids the possible use of sex to exploit and manipulate.

In the presence of AIDS, sexual abstinence is also good in terms of your health. Along with avoidance of intravenous drug abuse, it is the best way to avoid getting AIDS.

Closure

We have dealt with some very detailed, very personal matters in this class. Some years ago, these matters would not have been necessary at this stage of your development. The fact, however, that some people are promoting these forms of sex as "safe" or "safer" prompts us to include them — along with the hazards that accompany them. This lesson has focused on informing you about, not recommending, condoms and other AIDS-related realities. The only recommendation given is to sexual abstinence, to chastity until a faithful, committed marriage.

The more we learn about the human person through medicine and psychology, the more we see that God's law reflects what is best for all creation. The invitation in Paradise to "become one body" called the first humans to a faithful relationship. Today's invitation within the Sacrament of Matrimony also calls persons to that faithful relationship. We are learning — slowly but surely — that God's promise to faithful couples applies not only in terms of happiness, but also in terms of health.

The Eleventh Grade Student

Eleventh grade students enter the stage of late adolescence and have two basic needs related to their behavior:

1. they must construct a philosophy for their own behavior;
2. they must organize their own patterns to effect internal control.

Sixteen-year-olds respond to projects that provide concrete experiences of "living the Gospel." They approach topics through actual experiences using newspapers, movies, literature, and contemporary music.

Sixteen-year-olds are persons who

- have a greater sense of self-acceptance and confidence due to physical maturation;
- display more appropriate emotional reactions;
- have greater opportunities for real communication and for discussion of issues of greater importance;
- discover great ideas of an intellectual nature — being honestly, though naively, enthralled by beauty, truth, justice, peace, and love;
- may condemn adults as hypocrites who have "copped out" on the real issues and values in life;
- have begun to develop an honest desire to get in touch with their own spiritual life;
- start to think about permanent relationships;
- believe in their own immortality and consequently may tend to be reckless in behavior;
- are pressured by their peers and the media to express their emotions sexually.

Some suggestions for teaching eleventh graders

- allow them to react freely to the material presented;
- pose questions they are asking in terms of contemporary media and experience;
- engage them in projects that give examples of living the Gospel;
- reveal honestly and openly authoritative Church teaching;
- approach topics through life experiences — using newspapers, movies, literature, and social issues.

Lesson # 35

CHRISTIAN RESPONSE

Lesson Objectives

The students will be able to

C-15 discuss the human realities and suffering of a person with AIDS;

C-17 develop a sense of moral responsibility for their own actions;

C-18 explain the message of the Catholic bishops of the nation and/or their local bishops concerning AIDS.

Overview

After considering the human suffering of the unemployed in general, the students learn the story of Stephen, then outline the human issues and Christian responses that are noted in one or more pastoral letters on AIDS.

Basic Information and Vocabulary

The teacher should be familiar with the content of Lessons # 23, 26, 29, and 32.

If Cardinal Bernardin's Pastoral Statement with the story of Stephen has been used recently, a story of any other person with AIDS — perhaps a local person — could be substituted.

Vocabulary:

pastoral letter compassion

Suggested Materials

Multiple copies of at least three of the following:

"A Challenge and a Responsibility," a Pastoral Statement on the Church's Response to the AIDS Crisis, Cardinal Joseph Bernardin (in Section 4);

"A Call to Compassion," Pastoral Letter on AIDS to the Catholic Community of California, Bishops of California (in Section 4);

Statement, if available, by local bishops;

"The Many Faces of AIDS: A Gospel Response," Statement by the National Conference of Catholic Bishops (and/or subsequent NCCB document);

Address at Mission Dolores by Pope John Paul II (in Section 4).

Teaching/Learning Activities

A. *Introduction*

To prepare the students for the lesson, ask them to estimate the unemployment rate that is common in many states. If possible, get the percent of current state or local unemployment. (As of September, 1988, about 4% to 6% was common for most states, but some states ranged from about 2% to over 10%.) Then help the students translate the number into persons; e.g.,

> The figure 5% unemployment means that 5 of every 100 persons of working age no longer receive a paycheck, often are without medical and hospital benefits, and frequently experience lower self-esteem.

B. *Story*

Then continue with the following:

> The difficulties of unemployment are evident. The situation becomes even more complicated when the employment is a consequence of AIDS. This is a story retold by Cardinal Bernardin.

(Either the teacher or a prepared student reads aloud Paragraphs #1-7 from "A Challenge and a Responsibility.")

C. *Discussion*

Following the story, the teacher continues in this manner:

> Stephen's story — which is not unique — touches upon many human issues. Let's list a few of them:

(on blackboard —)

Human Issues

(Some possible suggestions by students —)

Difficulty understanding his increasing inabilities
Disappointment with job loss
Diminishment of savings
Loss of medical insurance
Abandonment by family

> AIDS is a human condition, touching on many human issues. It can also involve moral issues, but today we will focus on the human suffering — and the Christian response to persons with AIDS. Because this response can be presented in different ways, we will be working in pairs (or small teams) with different resources.
>
> Some of us will be studying Cardinal Bernardin's statement further, some will be reading the pastoral letter from the California bishops. Others will be using . . . .(local, NCCB, etc.) One group will focus on "Christian Response" while studying Pope John Paul's Address at Mission Dolores. All other pairs, however, will be looking for these two elements:

Elements in Articles Studied
1. Human Issues
2. Christian Response

> Please make a chart like this (perhaps on a transparency or newsprint). As you study your team's particular article,
>
> 1. list each human issue you find mentioned (as we did with Stephen's story) and
> 2. list each Christian response that is suggested.

After sufficient work time (this may require two class periods if they are short), use some means of sharing and pooling the findings from the various articles. Two approaches follow:

One approach: Rotating among the groups, each one would state one Human Issue which has not yet been named, repeating the rotation till all Issues are shared. Meanwhile the teacher, at an overhead projector, or students with newsprint or blackboard can jot all Human Issues; the same process would be followed with Christian Responses.

Another approach: Each group could show its compiled list by posting its newsprint and reading the items or by putting the group's transparency on the overhead.

Examples of Human Issues are listed above. Some examples of Christian Response follow:

Christian Response

Showing the person is loved
Avoiding judging the person
Celebrating the Sacraments with them
Providing care
Visiting
Helping with household work, transportation
Helping to avoid irrational fear, discrimination, and prejudice
Talking with families and friends of AIDS patients
Honoring confidentiality when requested

Closure

> You can see that each of the documents we have studied is consistent in the call to empathize with the human concerns of those suffering from AIDS; and each is consistent in inviting a Christian response to these persons. Some of the statements you have include some specific Scriptural references to show how this response is truly in accord with Jesus Christ's teaching and action.
>
> As we conclude, we will first reflect quietly on the many ideas we have treated already. I will provide some background music for that reflection. When I lower the volume of the music, I ask that you read aloud at least one Scriptural passage that is quoted in the document you have before you. When our time is almost up, I will summarize the spirit of the quotations in a closing prayer.

(Some quotations that may be read —)

"If one member suffers, all suffer together."

"Let the one among you who is guiltless be the first to throw the stone. . . ."

"Is any among you sick? Let him call for the elders of the church, and let them pray over him. . . ."

Example of Summary Prayer

Lord Jesus, you faced much human suffering when you lived as we do — unkind judgment of others, illness, death. You also found many persons who were willing to care for those in need — even at personal expense. Continue to invite us to respond in your spirit to the human needs around us. And give us the wisdom to understand your call and the strength to respond. Amen.

Lesson # 36

BASIC INFORMATION

Lesson Objective

The students will be able to

B-15 state the importance of supporting AIDS-related research.

Overview

After seeing the increasing rate of AIDS cases and reviewing recent progress related to AIDS, the students will consider additional needs in combating the spread of this disorder.

Basic Information and Vocabulary

The students should have a basic knowledge of some actions taken to counteract the spread of AIDS.

Vocabulary:

opportunistic	infections
homosexual	heterosexual

Suggested Materials

Transparency Master # 36, Incidence and Projection of AIDS

This suggested lesson should be updated with the most current data available from the state department of health or from one of the toll-free telephone hotlines:

U. S. Public Health Service AIDS Hotline — 800-342-AIDS; in Spanish 1-800-344-SIDA

American Social Health Association Sexually Transmitted Diseases Hotline — 800-227-8922.

Information about AIDS or any disease can be checked with the Centers for Disease Control (CDC) — 404-639-3534 or 404-639-3311.

Teaching/Learning Activities

A. *Introduction*

(If charts can be made in advance to indicate the following trends, one chart could be displayed and posted after each question.)

If you were to estimate a graph of tuberculosis cases in the United States, would that graph go up, down, or stay about even?

(Generally down; some locales may have recent increase. Could be checked with local health department.)

If you were to estimate a graph of automobile fatalities in the United States, would that graph go up, down, or stay about even?

(down)

If you were to estimate a graph of AIDS cases in the United States, would that graph go up, down, or stay about even?

(up)

B. *Discussion of Progress*

After the introduction above, the teacher would continue in this fashion —

In 1981 only 291 cases of AIDS were reported.

Each year, the number has increased till it has reached epidemic proportions. (Use Transparency Master # 36 or other graph)

The increase is projected to continue at an even greater rate unless some changes occur.

Obviously, with this fast growth of cases, health workers have given much attention to AIDS. Can you name some progress which has been made?

In public awareness?

In testing?

In treatment?

In teaching materials?

In any other area?

(The following ideas may be suggested.)

Public awareness —

reports from the Surgeon General and U.S. Secretary for Education

many brochures from state departments of health documentaries and public service announcements

Testing —

ELISA (enzyme-linked immunosorbent assay) indicates the presence of antibodies to the virus that causes AIDS; this test allows screening blood and plasma to prevent infection by transfusions.

Other testing, the Western Blot Test, confirms whether a person has been infected (and can transmit it to others)

Treatment —

Treatments temporarily relieve symptoms of the "opportunistic infections" only.

Drugs, such as AZT, seem to inhibit the growth of the virus and lengthen the lives of persons with AIDS.

Teaching materials —

Many materials — for teachers, students, parents — are now available whereas AIDS was totally unknown a decade ago.

C. *Naming of Needs*

Even with these newly developed materials, much more is needed to slow the growth of this epidemic. What is still needed to deal with this syndrome?

(Answers could include the following —)

Medical —

- Research to better understand AIDS
- A vaccine to protect people from the infection
- Some actual cure for AIDS
- Some treatment to reverse the progress of the disorder in those already suffering from it

Moral —

- The refusal to participate in casual sexual activities and to abuse intravenous drugs

D. *Clarification*

What would you say to someone who says we should not bother researching a disease that bothers only homosexuals?

(Suggested response —)

Granted AIDS has been most common in the U. S. and Europe among homosexual men and abusers of intravenous drugs. Contrary to some people's opinions, however, AIDS is now a threat to both men and women, both homosexual and heterosexual. Not only is this a problem within the United States, it is now a global problem with cases reported in North America, South America, Europe, Africa, Oceania, and Asia.

Closure

This lesson will not come to a conclusion as most lessons do. Why not? Because there is no end to the AIDS threat now. Let us instead agree how we will keep up to date on the spread of AIDS and on the efforts made to research and develop what is needed to stop the epidemic.

(Determine who will check for and bring in newspaper clippings, alert the class to magazine articles, television specials, etc. related to AIDS research.)

Lesson # 37

TRANSMISSION AND PREVENTION

Lesson Objectives

The students will be able to

T-12 identify four ways the AIDS virus is transmitted and prevented;

T-19 develop their ability to communicate with others concerning the most common ways of transmitting and preventing AIDS infection.

Overview

After a quick survey of students' opinions regarding people's freedom or hesitation to discuss human and sexual aspects of life, the students will develop appropriate and practical forms of communicating needed information about AIDS.

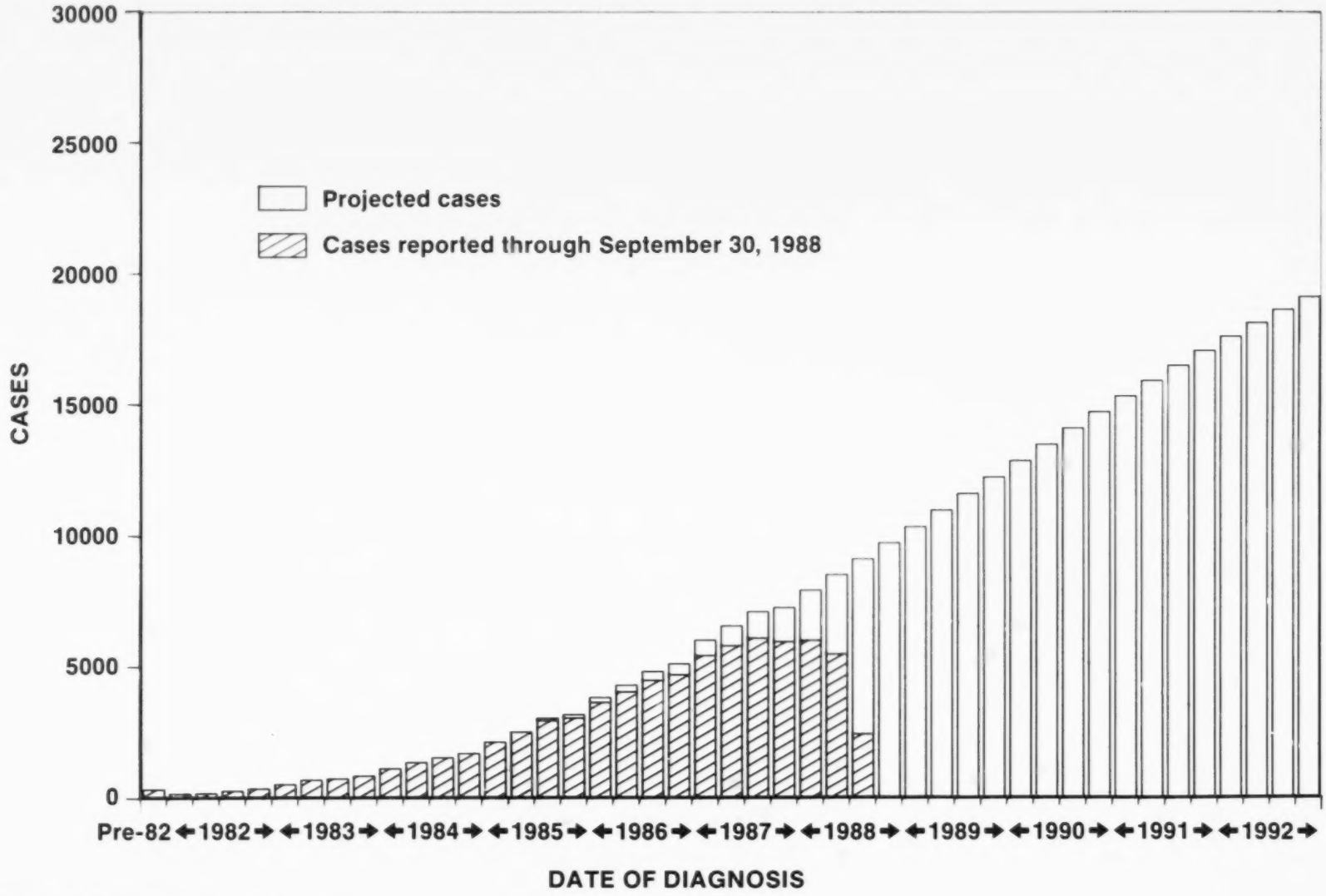
Basic Information

Information and transparencies from prior lessons on transmission and prevention, especially Lessons # 28, 30, and 34.

Suggested Materials

Transparencies of basic facts from prior lessons, especially
Transparency Master # 28b and Handout # 28c
Transparency Master # 37a, statement by Dr. Koop
Handout # 37b, Transmission of AIDS

Incidence and Projection of AIDS by Quarter-Year
United States pre-1982—1992



Source: U.S. Centers for Disease Control

Teaching/Learning Activities

A. *Introduction*

The teacher begins,

I would like to read to you a statement of Dr. C. Everett Koop, the U. S. Surgeon General, taken from an interview about the parents' role in AIDS education. As I read, please either jot down or remember which of his points you agree with, which you disagree with.

Dr. Koop has said, "The parents of the children I treated as a working doctor always agreed with me that they had an obligation to educate their youngsters about both the emotional and sexual aspects of their lives. But few of them ever did it. Parents feel inadequate to discuss these things because they themselves were not told about them when they were young. Also, in this country, where half the marriages end in divorce, parents are often reluctant to talk to their children about their own relationships. I think that AIDS has awakened us to the need for education about these private but very important matters."

(Scholastic Update, Vol. 120, No. 4, Oct. 16, 1987)

The teacher asks,

Let's take a quick "Thumbs up" or "Thumbs down" survey of your agreements and disagreements: "Thumbs up" if you agree, "Thumbs down" if you disagree, and you can put your thumb in the middle if you want to pass.

Let's take one phrase at a time:

Do you agree with the parents with whom Dr. Koop spoke that

- they have an obligation to educate their youngsters about the emotional and sexual aspects of life?
- few of them ever educate their youngsters in these areas?
- parents feel inadequate to discuss these things because they themselves were not told when they were young?
- parents are often reluctant to talk to their children about their own relationships?
- AIDS has awakened us to the need for education about these private but very important matters?

It is easy to understand that persons who have not learned facts about AIDS will have difficulty explaining those facts to others. You have had the opportunity to learn about AIDS.

B. *Review*

Today we will try to understand more clearly how AIDS can be spread and prevented. We will also find ways to communicate these facts and to correct any misinformation.

First we will begin with a review of some of the four known ways in which AIDS is spread: (Transparency Master # 28b)

Next we will recall how to avoid getting AIDS: (Handout # 28c)

C. *Activity*

This Handout (# 37b) explains your task during this class period. It also includes a set of facts about spreading and preventing AIDS which may be helpful while you are working on the activity.

Closure

After the communication projects are complete, provide space for posting and plan time for listening to all completed projects either as a total class or in small groups.

For each message, ask for an assessment of

- accuracy of facts,
- clarity of message,
- potential to motivate junior high students,
- level of motivation.

To the extent possible, plan to actually use the products within the school or community.

"The parents of the children I treated as a working doctor always agreed with me that they had an obligation to educate their youngsters about both the emotional and sexual aspects of their lives.

"But few of them ever did it.

"Parents feel inadequate to discuss these things because they themselves were not told about them when they were young.

"Also, in this country, where half the marriages end in divorce, parents are often reluctant to talk to their children about their own relationships.

"I think that AIDS has awakened us to the need for education about these private but very important matters."

—Dr. Everett Koop
U.S. Surgeon General

TRANSMISSION OF AIDS:

NOT through casual contact with someone who has AIDS
(sneezing, hugging, sharing glass or bathroom or swimming pool)
NOT through donating blood to a blood bank

but
through infected blood (sharing drug needles, syringes, etc.)

through any form of sexual intercourse and exchange of infected semen or vaginal secretions

through infected mother's childbearing and breast feeding

PREVENTION OF AIDS:

by saying "no" to illegal drugs

by 1) abstaining from pre-marital sex until
2) marriage to an uninfected person who does not abuse IV drugs, followed by
3) a mutually faithful monogamous relationship

by avoiding pregnancy indefinitely if the potential mother ever tested positive for AIDS

Communication Project about AIDS

1. form work groups of pairs, three, or four persons

2. review the facts about spreading and preventing AIDS

3. design and develop some form of communication:
   - an explanation for your younger brother or sister
   - a modern morality play
   - a public service announcement for radio or TV
   - a billboard
   - a school P.A. announcement
   - a commercial
   - a magazine ad
   - an editorial for the school newspaper

4. clearly present some key points about the spread and prevention of AIDS

5. gear the level of communication to junior high youngsters (7th to 9th graders)

6. use higher level motivation (love, concern, right, Christian living) to the extent possible

The Twelfth Grade Student

Seventeen-year-olds are characteristically on the threshold of adulthood. Having matured physically, they are experiencing a peak of energy and stamina. Emotionally these young persons are capable of entering into deep, meaningful human relationships and psychologically they have developed a much clearer and more realistic image of self.

Most significantly, these youths experience a spiritual awakening which uncovers a realization of life's deeper realities, develops a sensitivity to the needs of others, and inspires an honest desire to get in touch with the spiritual life within and about them.

Twelfth grade students need to express their feelings and emotions. They respond to adults who treat them with personal respect. They are searching for experiences of God and need a blend of individual and group prayer experiences.

Seventeen-year-olds are persons who

- have the ability to think and reason as adults;
- look out upon a world which fails to measure up, that seems blind to the newly discovered insights in their lives;
- are deeply concerned about a personal future which needs to be both meaningful and satisfying;
- feel the need for more education to be successful adults;
- are anxious in the face of a highly competitive and unstable society;
- are frustrated to have to continue as students and remain dependent for several more years;
- fall in love;
- have a capacity to make a significant faith commitment;
- respect others who are able to express beliefs and feelings, questions and attitudes that are shared by peers;
- require guidance and support if they are to postpone sexual activity until marriage;
- see everything as "possible" and consider themselves as immortal.

Some suggestions for teaching twelfth graders

- be as personal as possible in dealing with them;
- allow for individual expression of feelings and emotions;
- plan and direct interaction carefully and purposefully;
- assist in developing an appreciation and personal desire for the experience of prayer and silent meditation;
- include discussions about and experiences in relationships;
- stress reality and the need to be open to the future in a joy-filled way.

Lesson # 38

CHRISTIAN RESPONSE

Lesson Objectives

The students will be able to

C-19 understand and emulate Jesus'- concern for the ill person regardless of the cause;

C-20 participate in ministry to persons in need within their own communities — including any suffering with AIDS.

Two sessions are recommended.

Overview

While reflecting on Jesus' healing of the blind man, the students respond to discussion questions — first individually, then in small groups. They then visit an ill or handicapped person with related followup reflection.

Basic Information and Vocabulary

The teacher should be familiar with the content of Lessons # 26, 29, 32, and 35.

Vocabulary:
ostracize

Suggested Materials

Students and or teacher bring newspaper or magazine pictures of persons who are obviously suffering from extreme poverty or illness (e.g., street people, persons in wheel chairs or hospital beds). Arrange them on a bulletin board, perhaps with the phrase, "It was to let God's work show forth. . . ."

Handout # 38, Guide Sheet (one per student)

Teaching/Learning Activities

Session 1

A. *Introduction*
Referring to the prepared bulletin board (or to some hand-held magazine photos of the ill or suffering), begin the class with an introduction like this:

> Everyday we see pictures of persons who have some disability or seem to be "down on their luck." In Jesus Christ's day, there were also many suffering people. Today we will reflect on the response which Christ modeled.

B. *Reflection*
Distribute Handout # 38, Guide Sheet. Read the Scripture selection aloud, then ask each student to reflect on that account and to write a thoughtful response to Questions A and B.

C. *Group Sharing*
After sufficient time, ask the students to share their answers — preferably in groups of about four students. After the responses to Questions A and B have been shared, the group should together compose an answer to C.

After the group discussions, request reports from the groups. List the opportunities for students to assist or visit.

D. *Project*
The following project introduction should be adapted, depending on existing policies or programs related to direct student service. One approach follows:

> We are now entering the season of _____(Advent, Lent, Thanksgiving, etc) — a good time for a special project. Because of that, we will have one long-range assignment:
>
> 1. decide which one person you will approach — someone ill or handicapped, ostracized or neglected by the community;
>
> 2. contact the person, offering assistance or just asking to visit;
>
> 3. after the visit, write in a personal journal or other space your viewpoint of the visit:
>   a) exactly how you felt when you first contacted the person, when you arrived, as you worked or talked, as you left, afterward;
>   b) then place yourself in the other person's place and write how you would feel in that person's situation.
>
> 4. take your written responses with you and sit quietly in the chapel or your parish church for five minutes, sharing your responses with Christ, open, listening.
>
> 5. prepare a two-paragraph paper to be brought to class, including only what you want to share:
>
> Paragraph 1 — description of the person assisted or visited, that person's response to your coming;
> Paragraph 2 — your reaction to the experience.
>
> 6. submit this two-paragraph paper on _____(date).

Teachers are encouraged to tell the students that they will be joining them in this assignment and will complete the same six steps.

Session 2:

E. *Group Sharing*
When the papers arrive, the teacher may wish to first study the papers and to assign small groups of four to six students to reflect a mix of persons visited — making certain that someone in each group has visited a person with AIDS or with some other little-understood condition or handicap. Return the students' papers before the small group sessions by placing each set of four to six papers on a desk or table where the group is to meet.

In groups, the students will
1. share their Paragraph 1 response about the person;
2. share their Paragraph 2 response about their own reaction;
3. determine any similarities in their own responses or in the responses of the other people;
4. determine what is most difficult in trying to live out Christ's manner of dealing with persons in need.

If desired, the class may all hear each group's responses about Items # 3 and # 4, similarities and difficulties.

Closure

> Let us quiet ourselves for a few minutes of prayer — a time to especially include those whom we have visited. (Soft instrumental music, if desired)

Read or have a student read aloud John 9:1-4 from Handout # 38, Guide Sheet. Then have a student lead:

> We have tried to approach some persons who are suffering from illness or handicaps or from the bitter judgments of other people. Our God, we want to place those persons before you now — by just saying aloud their first names or the name by which we know them:

(Time for all who wish to say a name aloud)

> We are grateful for much today — much related to our visits and our reflection. Let us pause a moment to quietly name something from this experience for which we are personally grateful.

(May invite persons to name aloud, if desired)

> In closing, together we thank you, Jesus, for your compassion for each suffering person — including ourselves. We are grateful for your call to us to model

your compassion and for our ability to accept that call. We appreciate the chance to share a bit more the feelings of those persons, real people in many ways just like us. May we, and the suffering, continue — as you did — to let God's works show forth.

Conclude with either
Glory be. . .
or a chorus of
Glory and praise to our God
Who alone gives light to our days.
Many are the blessings that flow
To those who trust in God's ways.

Lesson # 39

BASIC INFORMATION

Lesson Objective

The students will be able to
B-3 replace myths about AIDS with facts.

Overview

The students complete a "MYTH-defier," a written assessment of facts and myths about AIDS. The group then discusses each item, identifying the most misunderstood and the most important considerations.

Basic Information and Vocabulary

The teacher should be familiar with the content of Lessons # 33 and # 34.

Vocabulary:
myth HIV

Suggested Materials

Handout # 39, MYTH-defier

Teaching/Learning Activities

A. *Introduction*
Some of us have been involved one-on-one with a person who is suffering the effects of AIDS personally or with someone who is close to a person with AIDS. Each of these tragedies occurred because someone may not have been fully aware of some basic information about AIDS, may not have known enough to make good choices.

Today we will take one more look at basic facts, with the hope that our knowledge can help ourselves and others be free of the threat of AIDS.

Because the AIDS epidemic has hit so quickly, many people and even some printed resources have incorrect —and often dangerous or fear-producing — information.

B. *Activity*
Each of you will receive a copy of a "MYTH-defier." This is a compilation of facts or true statements mixed with myths or false statements. Your task is to
1. identify the facts, writing "fact" after the true statements
2. identify the myths or false statements, writing corrected versions after the original statements.

C. *Discussion*
After all have completed the 20 items, each item should be discussed — or papers could be collected and items which show errors should be discussed. Obviously the myths or false statements can be rewritten in many ways; some suggestions for correcting the myths and/or for followup discussion follow:

1. No vaccine is currently available to protect against AIDS.

2. Persons ARE morally responsible for decisions and actions which result in AIDS, including those related to drugs and sex.

3. The Church has always taught and still teaches that members should show Christian compassion in a non-judgmental way for any persons who are sick, suffering, or in other need. This includes persons with AIDS.

4. Although much social confusion exists, sexual morality according to Jesus Christ and his Church is clear: Intimate sexual activity is limited to faithful married couples. Acceptance of this guidance is more reasonable than ever and can result in freedom from AIDS and other sexually transmitted diseases (STD's).

5. Not true. In fact, experimentation with drugs can keep a young person from anything that is "lasting" because of the danger of acquiring AIDS from infected needles.

6. Sex before marriage is more likely to inhibit than to effect successful sexual relationships after marriage. Sexual intimacy is a God-given gift which committed partners work to develop within a relationship of trust —a setting very different from pre-marital sex.

Guide Sheet

As he walked along, he saw a man who had been blind from birth. His disciples asked him, "Rabbi, was it his sin or that of his parents that caused him to be born blind?"

"Neither," answered Jesus. "It was no sin, either of this man or of his parents. Rather it was to let God's works show forth in him. We must do the deeds of him who sent me while it is day. . ."
(John 9:1-4)

Individual:

A. Have you heard any questions similar to the one asked by the disciples, "Was it his sin or that of his parents that caused him to be blind?" Have you heard questions in which people focus on what caused an illness or a handicap?
For example. . .

B. The cause of the blindness was a non-issue with Jesus. He proceeded to treat the individual with dignity, to assist him. In the light of this example, how do you imagine Jesus would respond to someone with AIDS?

Group:

C. In our community, what opportunities exist for high school students to assist or at least visit with persons who are ill or handicapped?

Which of these opportunities involve those who are most apt to have been "judged" by some members of the community? to be considered "the fault" of their illness or handicap? to be ignored or ostracized or neglected?

7. Fact (assuming the person is still alive five years from now)

8. Testing can sometimes — but not always — detect the presence of the AIDS virus. From the time of exposure to the AIDS virus, it may take two or three months or longer for the virus to be detected by testing.

9. Fact (This is a difficult item!)
Technically persons do not die from the AIDS virus, but from some disease which takes advantage of their body's lack of its natural defenses or immune system.

10. Fact
Since March of 1985, however, a process has been used in the United States to screen blood for the AIDS virus before transfusions.

11. Fact

12. Not necessarily. Some people — after infection with the AIDS virus — remain apparently well without symptoms.

13. No. Those with an AIDS-Related Complex (ARC) carry the AIDS virus but begin to experience only a limited number of symptoms.

14. Because they could carry traces of infected blood, it is not safe to share toothbrushes or razors.

15. Fact

16. No, heterosexual (straight) men and women also can get AIDS.

17. No, the only sure protection — both morally and physically — is chastity (sexual abstinence or marital fidelity). On a moral level, the use of a condom does not protect God's gift of sexual intercourse, open to procreation, as the maximum expression of love with a married partner. Even on a physical level, a condom — though decreasing the chance of infection — does not always protect effectively.

18. Fact

19. No, a woman can also pass AIDS infection to a man or (rarely) to another woman.

20. Fact

Closure

If desired, the group may select the item(s) which they believe
- are misunderstood by most persons,
- are most important for medical considerations,
- are most important for moral considerations.

They may also wish to decide the best ways to increase understanding of these important areas in their school, neighborhood, families, parish, town, etc.

Lesson # 40

TRANSMISSION AND PREVENTION

Lesson Objective

The students will be able to
T-20 apply refusal skills to situations they may encounter after graduation

Overview

After students have an opportunity to describe what they hope to be doing after graduation, they focus on steps to build refusal skills, then write and act out brief scenarios about potential situations which will require those skills.

Background Information

The teacher should review the approach used in Lesson # 22.

Suggested Materials

Simple props (e.g., hats, tools) if helpful to role playing
Handout # 40, Script-Writing Tasks and Steps To Build Refusal Skills

Teaching/Learning Activities

A. *Introduction*
The teacher asks the twelfth graders how many days remain for them in high school — and expects someone to have the exact count. If desired, the teacher may also invite students to describe what they hope to be doing in exactly one year or in five years.

B. *Presentation*
The teacher presents the key idea in a way similar to this:

MYTH-defier

Directions:
- identify the **facts** or **true** statements, writing *"fact"* after the true statements.
- identify the **myths** or **false** statements, writing *corrected versions* after the original statements.

1. Two forms of vaccine currently exist for AIDS.

2. Because AIDS is related to drugs and sex, those who get AIDS are usually not morally responsible for their decisions and actions.

3. The Church teaches that members should avoid persons with AIDS.

4. Today's confusion about sexual morality makes it almost impossible to avoid AIDS and other sexually transmitted diseases.

5. Experimentation with drugs is necessary to make a lasting impression on peer groups.

6. Sex before marriage — though it may carry the danger of AIDS infection — is needed to assure successful sexual relations after marriage.

7. A person who acquires the AIDS virus now can infect his/her spouse five years from now.

8. Fortunately testing can accurately determine the presence of the AIDS virus.

9. Although many get sick from the AIDS virus, no one dies from that virus.

10. Some children who have AIDS were infected when receiving transfusions.

MYTH-defier (continued)

11. A mother who tests HIV-positive runs a high risk of infecting her fetus during childbearing.

12. A person with the AIDS virus becomes ill immediately.

13. When symptoms as a result of the AIDS virus begin, all symptoms become evident at the same time.

14. AIDS cannot be contracted by sharing toothbrushes or razors.

15. AIDS cannot be contracted by using a telephone, dishes, Communion chalice, or drinking fountain.

16. Only homosexuals can acquire AIDS.

17. As advertised, the only sure protection against AIDS is a condom.

18. Repeated exposure to the AIDS virus via high risk behaviors increases tne likelihood of becoming infected.

19. AIDS infection can only be passed on by a man: man to man or man to woman.

20. The only sexual behavior that avoids risk in the strict sense is abstaining from sexual activity altogether or containing one's sexual life within a faithful relationship with a person known to be uninfected.

As graduates-to-be, it is natural that you are looking forward to the future, with great hopes for that future.

Yet a certain amount of realism is needed too. Many people your age have learned too late that AIDS is a quick way to throw away a future. We have learned much basic information about AIDS, and we have studied how infection can be prevented. But all that information is only useful if you have developed skills to refuse activities that are high risk, medically and morally.

C. *Activity*

You have heard of the show, "This is Your Life." Today, we will develop our version which could be called, "This Could Be Your Life."

Seriously, one year from now — or five years from now —each of you will be faced with making tough, responsible decisions that will affect your lives. No one can totally prepare you for making those choices, but perhaps the experience of imagining some possible situations — and possible responses — will prove helpful.

Distribute Handout # 40 and draw attention to the first section. Clarify the Script-Writing Tasks as needed.

When the groups are finished, collect their scripts and tell them that soon they will be directors of "This Could Be Your Life." And they will soon be "stars" in someone else's scene.

D. *Skill Development*

But first, a few helps in shaping refusal skills. When persons are in a situation which morally and medically demands refusal, many find these steps helpful.

Draw attention to the second part of Handout # 40, discussing the suggested steps and examples as needed.

E. *Application*

Now — with some of these approaches in mind (of course, they all won't work in each situation), I will exchange scripts among groups. When you get the new script, your group has two tasks, both listed on the bottom of the handout under Preparations for Acting.

F. *Role Playing*

Next comes the role playing of each situation — involving the group that wrote the scene plus one person from the group that discussed possible solutions. If time permits after each scene, the class could make additional suggestions about ways to refuse involvement in that situation.

Closure

At the end, students may also discuss which methods of refusing seem most effective and are most appealing to them.

Script-Writing Tasks

In groups of two. three, or four —

1. Write the beginning of a scene
   - that could take place in a college, a vocational school, an office, a manufacturing plant, etc.
   - that could be honestly enticing to a graduate
   - that requires a decision based on both medical and moral grounds
   - that — excluding the graduate — involves the same number of actors as there are students in your group
   - that would take about two or three minutes to role play.

2. Decide which member of your group will play which part; decide all parts EXCEPT the graduate. That part will be played by someone outside your group.

Steps to Build Refusal Skills

1. State the refusal very clearly.
   ("I will not. . ." rather than "I don't think I'll. . .")

2. Briefly give a reason.
   ("To me, illegal drugs would mean risking my dream of being a pharmacist. . .")

3. Act decisively.
   ("I'll see you tomorrow.")

4. Show respect for the other person(s).
   ("I value our opportunity to work together, but....")

5. Move to another activity.
   ("Let's find a group to help at the hospice.")

6. Use a sense of humor, if appropriate.
   ("This is another of your jokes. . . .")

Preparations for Acting

The group should

1. Determine how the fellow graduate could most effectively refuse involvement in the situation and make an exit.

2. Decide which member of the group could best play the role of the fellow graduate.

4 Articles Used in Lessons

Although countless articles focus on AIDS — many from a Catholic perspective — four have been suggested for use within specific lessons:

- Address at Mission Dolores by Pope John Paul II
  (Student use in Lessons # 20 and # 35,
  teacher preparation for Lesson # 29)
- "AIDS: Time for a Moral Renaissance" by Cardinal Basil Hume
  (Student use in Lessons # 28 and # 34, teacher preparation for Lesson #21)
- "A Challenge and a Responsibility" by Cardinal Joseph Bernardin
  (Student use in Lessons # 23 and # 35,
  teacher preparation for Lesson # 29)
- "A Call to Compassion" by the Bishops of the California Catholic Conference
  (Student use in Lessons # 26 and # 35,
  teacher preparation for Lesson # 17)

For convenience, the selections are reprinted here, with paragraphs numbered for easy reference. Teachers may duplicate these articles for class use.

Address at Mission Dolores

by Pope John Paul II

September 17, 1987

(a selection)

1. . . . I wish to speak to you about the all-embracing love of God. St. John says: "Love, then consists in this: not that we have loved God but that he has loved us and has sent his Son as an offering for our sins" (1 Jn. 4:10). God's love for us is freely given and unearned, surpassing all we could ever hope for or imagine. He does not love us because we have merited it or are worthy of it. God loves us, rather, because he is true to his own nature. As St. John puts it, "God is love, and he who abides in love abides in God, and God in him" (1 Jn. 4:16).

2. The greatest proof of God's love is shown in the fact that he loves us in our human condition, with our weaknesses and our needs. Nothing else can explain the mystery of the cross. The apostle Paul once wrote: "You can depend on this as worthy of full acceptance: that Jesus Christ came into the world to save sinners. Of these, I myself am the worst. But on that very account I was dealt with mercifully, so that in me, as an extreme case, Jesus Christ might display all his patience, and that I might become an example to those who would later have faith in him and gain everlasting life" (1 Tm. 1:15-16).

3. The love of Christ is more powerful than sin and death. St. Paul explains that Christ came to forgive sin and that his love is greater than any sin, stronger than all my personal sins or those of anyone else. This is the faith of the Church. This is the good news of God's love that the Church proclaims throughout history and that I proclaim to you today: God loves you with an everlasting love. He loves you in Christ Jesus, his Son.

4. God's love has many aspects. In particular, God loves us as our Father. The parable of the prodigal son expresses this truth most vividly. You recall that moment in the parable when the son came to his senses, decided to return home and set off for his father's house. "While he was still a long way off, his father caught sight of him and was deeply moved. He ran out to meet him, threw his arms around his neck and kissed him" (Lk. 15:20). This is the fatherly love of God, a love always ready to forgive, eager to welcome us back.

5. God's love for us as our Father is a strong and faithful love, a love which is full of mercy, a love which enables us to hope for the grace of conversion when we have sinned. As I said in my encyclical on the mercy of God: "The parable of the prodigal son expresses in a simple but profound way the reality of conversion. Conversion is the most concrete expression of the working of love and of the presence of mercy in the human world . . . . Mercy is manifested in its true and proper aspect when it restores to value, promotes and draws good from all the forms of evil existing in the world" *(Dives in Misericordia,* 6).

6. It is the reality of God's love for us as our father that explains why Jesus told us when we pray to address God as "Abba, Father" (cf. Lk. 11:2; Mt. 6:9).

7. It is also true to say that God loves us as a Mother. In this regard God asks us, through the prophet Isaiah: "Can a mother forget her infant, be without tenderness for the child of her womb? Even should she forget, I will never forget you" (Is. 49:15). God's love is tender and merciful, patient and full of understanding. In the Scriptures and also in the living memory of the Church, the love of God is indeed depicted and has been experienced as the compassionate love of a mother.

8. Jesus himself expressed a compassionate love when he wept over Jerusalem, and when he said: "O Jerusalem, Jerusalem . . . . How often would I have gathered your children together as a hen gathers her brood under he wings" (Lk. 13:34).

9. Dear friends in Christ: the love of God is so great that it goes beyond the limits of human language, beyond the grasp of artistic expression, beyond human understanding. And yet it is concretely embodied in God's Son, Jesus Christ, and in his body, the Church. Once again this evening, here in Mission Dolores Basilica, I repeat to all of you the ageless proclamation of the Gospel: God loves you!

10. God loves you all, without distinction, without limit. He loves those of you who are elderly, who feel the burden of the years. He loves those of you who are sick, those who are suffering from AIDS and the AIDS-related complex. He loves the relatives and friends of the sick and those who care for them. He loves us all with an unconditional and everlasting love . . . .

AIDS: Time for a Moral Renaissance

by Cardinal Basil Hume

Reported by the London *Times*
January 7, 1987

1. Some people have claimed that the Aids epidemic is God's punishment of a sinful world. It is better seen as proof of a general law that actions have consequences and that disorder inevitably damages and then destroys.

2. In fact, Aids is neither the whole problem nor the central issue. It is a symptom of something deeper and more deadly. Aids is but one of the many disastrous consequences of promiscuous sexual behaviour. Promiscuity is the root cause of the present epidemic. It has always been sinful; it is rapidly becoming suicidal.

3. We are, then, dealing with an intrinsically moral issue and not simply one of public health. No campaign against Aids can ignore or trivialize the moral question. Refusal to address the moral issues is itself a moral statement.

4. In the public campaign so far, much attention has been focused in very explicit terms on the way the virus is transmitted and on precautions to reduce the risk of infection. Too little has been said so far, and too vaguely, about the radical shift in attitudes needed to halt the advance of the epidemic. Yet when, as here, morality concerns matters of life and death, it affects the public good and involves the whole community. It is certainly not the exclusive concern of the Church and the clergy.

5. The Church and the Government have a common aim, to limit and, if possible, to eliminate the disease. The Church wants to tackle promiscuity as the principal cause of infection. I would argue that the Government itself could legitimately, and helpfully, lay greater stress on the moral issues.

6. No purpose can be served by recrimination against any section of the population held to be responsible. Instead, we should offer to those with Aids unconditional and practical compassion. It would be unfortunate, too, if reaction took the form of a merciless and self-righteous moral backlash. Something much more radical and constructive is called for than the scourging of other people's vices. If a catastrophe is to be averted there must be an urgent and immediate reappraisal of our attitudes and behaviour in matters of sexual behaviour and human relationships.

7. Even in the short term of moral reawakening is society's best hope. That must be part of any national programme of information and education. Condoms and free needles for drug addicts will reduce but not remove the dangers; those most at risk might be led to conclude that a potentially lethal life style can, with precautions, be made safe.

8. The fact to be faced is that all of us in society have to learn to live according to a renewed set of values. That will not be easy. How can any appeal for faithfulness and sexual restraint be heeded when there is on all sides explicit encouragement to promiscuous behaviour and frequent ridicule of moral values? Society is in moral disarray, for which we must all take our share of blame. Sexual permissiveness reflects a general decline of values.

9. Some might question whether any consensus on values is possible in a society which has so lost touch with its cultural, religious and spiritual roots. None the less I am convinced that there are untapped reserves of goodness and idealism in many individuals and communities. Laying the foundations for a new consensus will be prolonged, arduous and quite often hotly contested.

10. The search for a better way, the endeavour to reconstruct society's attitudes and values will, of necessity, take many forms. Together we must reflect on the consequences of our common humanity, the needs and longings of the human heart. We can learn too from history, while not idealizing the past. There can be no question, even if it were possible, of attempting to turn back the clock. The situation we confront demands of us a new response.

11. The Christian churches have an obvious part to play in this fundamental rethinking. So too have the world religions now represented in our country [England]. The Judaeo-Christian heritage of moral values still has much to offer contemporary society. We can learn much also from the traditions of asceticism and self-discipline prized by Islam and the great religions of the East. Reconstruction demands serious dialogue. People, whether religious or not, can surely find common ground and shared ideals in face of the manifest dangers which threaten society.

12. Some are prepared to concede that such a transformation is required but believe it to be a long-term objective. It is necessary in the short term, they argue, to adopt the measures advocated in the present campaign of public education on Aids. The Roman Catholic Church in this country [England] is being urged to modify its opposition to the use of condoms and its condemnation of sexual activity outside of marriage, at least in the case of stable relationships. There are, however, serious matters of principle which the Church is not at liberty to ignore.

13. Roman Catholic teaching maintains that human love is a precious gift, a sharing in the life and love of God himself. Unselfish love, between persons is itself a way to God. It enriches the human personality. In married love a couple come together in a life-long, life-giving union in which they give themselves totally and exclusively to each other. To be fully human and self-giving, that love has to remain open to the possibility of new life. It provides the stability and affection necessary for the nurturing and development of

the growing child. For all these reasons, the full sexual expression of love is reserved for husband and wife within marriage.

14. The Roman Catholic Church, therefore, cannot be expected to lend support to any measures which tacitly accept, even if they do not encourage, sexual activity outside marriage. To do so would be inconsistent. It would weaken our primary witness to the Christian vision of human love and marriage. Nor do we accept that for the unmarried the choice lies solely between condoms and infection. There is a third course of action: refusal to engage in extra-marital sexual activity. Such self-discipline is not emotionally destructive, but can be a positive affirmation of a radical ideal, demanding but not impossible.

15. The Roman Catholic Church is committed to the cause of marriage and family life. It is a sad reflection on present values that no political party offers a coherent and comprehensive policy to sustain and uphold family life. Here there is much common ground to be explored. It is essential to enhance the quality of individual and family life.

16. A radical change in popular attitudes is possible, indeed necessary. Many in recent years have become convinced of the need to embrace a simpler, healthier lifestyle in order to enjoy a fuller, longer life. We are already changing deep-rooted habits in eating, drinking, smoking, exercise. How much greater is the necessity to rediscover the joy of faithful love and lasting marriage. It calls for self-discipline, restraint and a new awareness. Such a profound change in society also needs a comprehensive campaign of public education and persuasion.

17. The Aids crisis represents a watershed for contemporary society. It is much more than a matter of sexual morality. Shared moral values derive from an accepted understanding of society. Fear may well induce some to modify their sexual behaviour. That is not enough, however, to achieve that radical renewal of society which is so clearly needed. The necessary steps should be taken, I would suggest, in an atmosphere of calm and trust and in a spirit of dialogue and hope. There is much to be done in the home, in schools and in every part of our life and work together. Parents, teachers, clergy, communicators, those in public and political life, all have shared responsibility to discover new hope and a better way.

A Challenge and a Responsibility

A Pastoral Statement

by Cardinal Joseph Bernardin

October 24, 1986

1. Recently I was told the story of Stephen, a young man who died of AIDS. His story is not unique.

2. Stephen, a young man in his early thirties, was a computer specialist. He was good at his work, enjoyed it, and was making new friends. This had not always been the case, for Stephen's acceptance and personal integration of his homosexuality had not been easy for him, causing him to drift away from his hometown and family. Now, however, he had started a new job which was going well, and his life seemed to be pointed in a much more positive direction.

3. This was not to last, however. Rather quickly, Stephen found it increasingly difficult to perform satisfactorily at work. He did not understand why he was making mistakes he had never made before. Concentration and accuracy, so necessary in computer programming, became more of problem. Although his first job review had been positive, his second was devastatingly negative. He was warned and, a short time later, he was fired.

4. Although unemployed, he was able to support himself out of his small savings. But soon, as his condition worsened, his landlord urged him to see a doctor. He responded that, without the insurance which he lost when he was fired, he could not afford to seek professional medical help. He hoped whatever he had would soon go away on its own.

5. That did not happen. Several days later his landlord took the then-incoherent Stephen to a public hospital. Because he tested positive for the HTLV-III virus, his encephalitis was diagnosed as being an AIDS-related disease.

6. Stephen lapsed in and out of consciousness and, when conscious, was seldom coherent. That is why it took the hospital several days to locate his family. When informed of his terminal condition and its cause, his family reacted poorly: They abandoned their dying son. Perhaps it was fear or ignorance or alienation, but Stephen died alone. A social worker later informed Stephen's friends of his death. When they inquired about his possessions, they discovered that they had been stolen.

7. What a sad story! The death of a young person is tragedy enough, but Stephen died of a new and virulent disease, without insurance and penniless. He died without family or friends to comfort him, without the ministry of his Church. And after death, he was violated a final time in the theft of his belongings.

8. In this tragic and true story it is easy enough to identify with **some** aspects of its emotional impact. The possibility of contracting some new and fatal disease, for example, is terrifying. We can understand the devastation of dying alone. We can sympathize with another's fear, alienation, and suffering. Even so, it is so tempting to say that this is not **our** problem, that we don't want to get involved.

9. But we cannot allow ourselves to identify with only **some** of the aspects of the AIDS phenomenon. We are called to examine more closely **all** its implications. Quite simply, Stephen's story confronts us all. We may wish that it would go away or that it will never touch anyone close to us, but the reality is that AIDS is a growing threat to our society which will not disappear soon. Our response to such a threat cannot be fear, ignorance, or alienation. As followers of Jesus, we have learned a different, better way. He has taught us to show compassion for the sick and suffering, no matter what their background or social standing. He has called us to be ministers of reconciliation so that our wounds and alienation may be healed.

10. This is the purpose of this pastoral statement. We are called, as a community of faith, to confront courageously and compassionately the suffering and death which AIDS is bringing to our world this year. To do this, we must put aside our fears, our prejudices, and whatever other agendas we may have in this regard.

AIDS AND THE GOSPEL

11. Hearing Stephen's story, some may respond by saying that AIDS is divine punishment for what they describe as the "sin of homosexuality." Without questioning their sincerity, I disagree with this assessment.

12. First, medically speaking, AIDS is not a disease restricted to homosexuals. In fact, it appears that originally it might have been spread through heterosexual genital encounters. In the United States many people have been exposed to AIDS or have contracted it through the use of IV-drugs, tainted blood transfusions, and heterosexual genital activity. Consequently, even though a large percentage of those in the United States who have been exposed to the AIDS virus are homosexual, AIDS is a **human** disease, not a specifically homosexual one.

13. Second, God is loving and compassionate, not vengeful. Made in God's image, every human being is of inestimable worth, and the life of all persons, whatever their sexual orientation, is sacred and their dignity must be respected.

14. Third, the Gospel reveals that, while Jesus did not hesitate to proclaim a radical ethic of life grounded in the promise of God's kingdom, he never ceased to reach out to the lowly, to the outcasts of his time — even if they did not live up to the full demands of his teaching. Jesus offered forgiveness and healing to all who sought it. And when some objected to this compassion, he responded: "Let the one among you who is guiltless be the first to throw the stone . . . ." (Jn. 8:7)

15. That is why we who are followers of Jesus see the AIDS crisis as both a **challenge** to respond in a Christlike way to persons who are in dire need and a **responsibility** to work with others in our society to respond to that need.

AIDS IN OUR SOCIETY

16. If we are going to respond adequately to the AIDS crisis, we must begin with some facts.

17. — As of September, 15, 1986, 24,430 persons with AIDS have been diagnosed in the United States. 13,442 of them have already died. In Chicago, 430 cases were diagnosed by the same date; 254 are dead. Nationally, AIDS cases are **doubling** every eleven to thirteen months and in Chicago every ten months.

18. — Contrary to some assumptions, AIDS is not just a disease in the White community. 26% of the AIDS cases in Chicago are among Blacks not of Haitian origin. And one in ten cases is in the Hispanic community.

19. — Although the percentage of intravenous drug users with AIDS is lower in Chicago (5.6%) than in the nation (17%), it is expected that this form of transmission will increase in the Chicago area. Also, there is some indication that the percentage of women with AIDS will increase in the future. There is also a projection that the number of heterosexual AIDS cases will increase among intravenous drug users and those with multiple sexual partners.

20. These facts are cited not to frighten, but to highlight the seriousness of the challenge we face as a civic and religious community.

21. In light of these facts, it is understandable that this disease, which spreads so quickly and is invariably fatal, would occasion misunderstanding, fear, prejudice and discrimination. Quite frankly, people are afraid that they may contract it. This is not a new phenomenon. Recall, for example, how we used to isolate tubercular patients and discriminate subtly (and sometimes not so subtly) against cancer patients. So also, for different reasons, we spoke with moral righteousness and indignation about the "sin" of alcoholism. In time, however, scientific advances and growth in human awareness and understanding helped us to see things in a new light and to develop better ways of relating to those suffering from these diseases.

22. Similarly, we are now called to relate in an enlightened and just way to those suffering from AIDS or from AIDS Related Complex (ARC) as well as those who have been exposed to the AIDS virus. While it is understandable that no one wants to put himself or herself in a vulnerable position, we must make sure that our attitudes and actions are based on facts, not fiction.

23. At the present time, there is no medical justification for discrimination against these people, and, in fact, such discrimination is a violation of their basic human dignity and inconsistent with the Christian ethic. To the extent that they can, persons with AIDS should be encouraged to continue to lead productive lives in their community and place of work. Similarly, government as well as health providers and human service agencies should collaborate to provide adequate funding and care for AIDS patients. Moreover, people with AIDS have a right to decent housing and landlords are not justified in denying them this right merely because of their illness. While acknowledging that special precautions may be needed, funeral directors should not refuse to accept or prepare the bodies of deceased AIDS patients for burial. Finally the quarantine of persons with AIDS, the use of the HTLV-III anti-body test for strictly discriminatory purposes, and the "redlining" of certain classes of people by insurance companies are deplorable practices.

24. I can also affirm and commend the concern that so many professionals and volunteers have shown toward AIDS patients. The increasing seriousness of the problem, however, requires that more be done. I therefore join my voice with the many others who have called upon civic, governmental, religious, and community leaders to intensify their efforts to respond to the many human and religious needs caused by AIDS. No one segment of our community can do it alone. It requires the full collaboration of all.

25. But what can we do? A number of specific objectives for this collaborative action come to mind:

26. — that acute and long-care health facilities be encouraged to expand their services where needed to be able to care for more persons with AIDS and ARC;

27. — that all hospitals be encouraged to provide adequate in-service education of their personnel and to develop sufficient patient advocacy procedures to ensure respectful and compassionate care of persons with AIDS;

28. — that hospice programs be developed to address the unique needs of persons dying from AIDS;

29. — that educational programs, utilizing the media, be developed to help reduce prejudice and discrimination towards persons suffering from AIDS;

30. — that programs and services be developed to assist the families and friends of AIDS patients while the patients are alive and to support them in their bereavement;

31. — that the leaders of the Black and Hispanic communities, as well as the community as a whole, be attentive to the special needs of Blacks and Hispanics with AIDS.

32. This is indeed a large agenda, but I believe that it can be realized if we all work together.

THE CHURCH AND AIDS

33. The Church also has a specific role to play in ministering to those suffering from AIDS, their families, and their friends. As noted above, the Church should collaborate with others as it seeks to fulfill its own responsibilities. To that end, I pledge that we will work with public, private, and religious groups to achieve the above-mentioned objectives. We will continue to support interfaith efforts in exploring such possibilities as opening a chronic care facility (similar to a hospice) to care for those with AIDS, providing temporary housing for families and friends unable to afford other accommodations who are visiting people with AIDS, and establishing an Interfaith Pastoral Counseling Center to assist surviving families and friends in their time of grief.

34. As I intimated earlier, one of the obstacles to an effective ministry to AIDS patients is fear and prejudice. One of the best ways to lessen such fear and prejudice is to communicate the truth in a straightforward way. To assist other civic and religious groups in this important task of communicating the facts about AIDS, I have given two directives to archdiocesan agencies.

35. First, I have asked the Center for the Development in Ministry, in collaboration with others, to develop programs that will help achieve the following objectives:

36.— provide priests, religious and lay leaders of the Archdiocese with accurate information about the medical, psycho-social, and pastoral issues related to AIDS and ARC so that they can communicate such information in a manner that is best suited for their particular community. Such information should include a list of resources and support systems available to AIDS or ARC patients and their families and friends.

37.— assist in the development of training programs for those who minister to those affected by AIDS or ARC, e.g., hospital eucharistic ministers, visitors to the sick.

38. Second, I have asked the Archdiocesan Department of Educational Services to make accurate information about AIDS available to our schools and religious education programs. I leave it to the judgment of our educators as to how this information might best be used in educational programs to assist students in forming a correct, compassionate and healthy attitude toward persons with AIDS and their families.

39. Another critical concern is the employment of persons who have contracted the AIDS virus, ARC, or AIDS itself. As in other areas, the Church has a responsibility to give good example in such situations. Accordingly, our Department of Employee Services has developed a general employment policy for all employees with life-threatening illnesses, including AIDS. Further, since at the present time the HTLV-III blood screen test is neither wholly accurate nor diagnostic nor predictive of AIDS, it is not to be used as an instrument for hiring persons working at any level of the Archdiocese or seeking admission to our schools or other Church institutions.

40. To ensure that our response to the many dimensions of the AIDS crisis is effective, I will soon appoint a Pastoral Care Coordinator for AIDS Ministry. Working within the Archdiocesan Department of Community Services and, specifically, in conjunction with Catholic Charities, this person will oversee and coordinate present and future initiatives in our AIDS ministry. This person will also serve as liaison with the other public, private, and religious groups with which the Archdiocese will collaborate.

41. I also call upon the parishes of the Archdiocese to open their doors and their hearts to those touched in any way by AIDS.

42. There is a final point I wish to make in regard to our AIDS ministry. When we minister to persons with AIDS, like Jesus, we do so with love and compassion. It is not our task to make judgments but to call ourselves and those to whom we minister to a deeper conversion and healing. It would be a mistake to use our personal encounters with AIDS patients only as an occasion to speak about moral principles of behavior.

43. Nonetheless, as persons concerned about the well-being of all our sisters and brothers, we should do all we can — as we minister to the broader community — to encourage people to live in a way that will enhance life, not threaten or destroy it. It seems appropriate, therefore, to remind ourselves of the call to use God's gift of sexuality morally and responsibly, as well as the obligation to seek help when problems with drugs or other substances develop. In addition to being the correct thing to do, it could do a great deal to prevent the spread of the AIDS virus in the future.

CONCLUSION

44. As the Archbishop of Chicago, I call upon the members of our faith community to join me in reaching out to and caring for those suffering from AIDS as well as their families and friends. It is our Christian responsibility to provide for the physical necessities of our suffering brothers and sisters in a context of spiritual support and prayer. As the introduction to the Rite of the Anointing and Care of the Sick reminds us, "the one who is seriously ill needs the special help of God's grace in this time of anxiety, lest she (he) be broken in spirit and subject to temptations and the weakening of faith."

45. I know that the fear and pain can be great, but we are a community whose Master's love was so pervasive that it broke through all barriers — those created by society as well as those built up in the human heart. Our responsibility and challenge is to overcome ignorance and prejudice, to become a community of healing and reconciliation in which those who are suffering from AIDS can move from a sense of alienation to one of unity, from a sense of judgment to one of unconditional love. I personally commit myself to praying and working to achieve this goal. Please join me!

46. I began this Pastoral Statement by telling the tragic story of Stephen. I would like to conclude with another — a story of hope.

47. Once a leper came to Jesus and pleaded on his knees: "If you want," he said, "you can cure me." Feeling sorry for him, Jesus stretched out his hand and touched him. "Of course I want to," he said, "Be cured." and the leprosy left him at once and he was cured. (Mk 1:40-42)

48. At the very start of his ministry, Jesus broke through the religious and social barriers of his day and dared to touch the pain of a fellow human being. His touch brought healing and life.

49. At this moment of the AIDS crisis, we come before the same Lord in need of healing. Healing is needed in our society, within the Church, within families, and by individuals and communities directly affected by AIDS. Today our prayer is the same as the leper's: "If you want to, you can cure us." Already his hands are stretching through the barriers, and he is saying, "Of course I want to."

50. In faith we know that we are not alone as we face our **challenge** and fulfill our **responsibility**.

A Call to Compassion

A Pastoral Letter on AIDS to the Catholic Community of California

by the Bishops of the California Catholic Conference

April 6, 1987

INTRODUCTION

1. Jesus assured His disciples He would be with them to the end of time (Mt. 28:20). He calls us to recognize His presence among us, particularly in the poor, the outcast and the ill, and to respond to Him by our concrete love for them. He invites us to participate in His mission of mercy and compassion.

> The joys and hopes, the griefs and anxieties of the people of this age, especially those who are poor or in any way afflicted, these, too, are the joys and hopes, the griefs and anxieties of the followers of Christ.[1]

2. With these words the second Vatican Council reaffirmed the necessary involvement of the followers of Christ, both in the communal life of the church and as individuals, with the daily lives of men and women everywhere. This inseparable connection reflects Christ's most intimate union with us. His incarnate presence binds us to the struggles of those with whom we share our lives.

3. The rapid outbreak of the unprecedented epidemic of AIDS has affected Californians in an extraordinary fashion. As Surgeon General Koop observed in his recent address to our legislators (March 5, 1987), "Californians were the first of our citizens, back in June of 1981, to be identified as being the victims of AIDS. They were among the first to die of the disease, and before the rest of our country knew about — or truly understood the nature of — this catastrophe, the people of California were already beginning to bury their dead."

4. We, your bishops, have been profoundly moved by this crisis, and especially by our personal encounters with persons with AIDS. Several of us have written pastoral letters for our own dioceses, having experienced how this epidemic touches individuals, their families and society at large, for "if one member suffers, all suffer together" (1 Cor. 12:26). For some time now we have wanted to write a pastoral letter precisely as the California Catholic Conference, offering our reflections for the prayerful consideration of the entire Catholic community of California. We hope, by this means, to promote an understanding of AIDS, to allay irrational fears, to ponder this epidemic within the framework of our Catholic faith, and to explore with you ways in which we may be called as disciples of Jesus Crhist to respond to the victims of AIDS, their families and loved ones.

CHRISTIAN RESPONSE TO ILLNESS

5. Beyond our responsibility as individual citizens to become informed about AIDS and to work toward its prevention and treatment, as disciples of Jesus we bear a special responsibility to care for the sick, to show them they are loved, and to assure that they are treated with dignity and respect. They are sisters and brothers of Jesus and bear a special resemblance to Him because of their suffering.

6. Both scripture and tradition abound with models for responding to those who are ill. At the heart of any Christian response we find unconditional love and compassion.

7. There were no conditions placed on Jesus' expression of concern for the outcasts and the wounded of his world. If we are to follow His example, our response to those who are ill should be that of compassion, not of judgment.

> And his disciples asked him, 'Rabbi, who sinned, this man or his parents, that he was born blind?' Jesus answered, 'It was not that this man sinned, or his parents, but that the works of God might be made manifest in him.' (John 9:2-3)

8. Moved by compassion to communicate concretely the unconditional love of God, Jesus proceeded to open the eyes of this man born blind. He healed the lame, cured lepers, expelled demons, brought sight to the blind and hearing to the deaf, all without judging individuals or imputing blame. We are called to respond with that same love for those who in our day suffer from this new and deadly disease of AIDS.

9. Just as we believe the Lord is vividly present to us in the weak and ill, we also recall that by offering back the burden of infirmity to the Father who gives us life, the sick can in some sense share in the mission of Jesus' ongoing redemption:

> Now I rejoice in my suffering for your sake, and in my flesh I complete what is lacking in Christ's afflictions for the sake of his body, that is, the Church. (Col. 1:24)

10. Because the sick will be saved "by personal faith and the faith of the church," we are reminded that it is not only health personnel and pastors who bear responsibility for attending to the infirm. "It is especially fitting that all baptized Christians share in this ministry of mutual charity within the Body of Christ by showing love for the sick, and by celebrating the sacraments with them."[2]

> Is any among you sick? Let him call for the elders of the church, and let them pray over him, anointing him with oil in the name of the Lord; and the prayer of

faith will save the sick man, and the Lord will raise him up, and if he has committed sins, he will be forgiven. (James 5:14-15)

11. By providing direct care, by visiting, by offering our prayers, and by sharing in the Eucharist and the Sacrament of Anointing, we can offer our companionship, along with the refreshment and reconciliation of the Lord.

NEED TO DISPEL IRRATIONAL FEARS

"A leper approached Jesus with a request, kneeling down as he addressed him: If you will to do so, you can cure me. Moved with pity, Jesus stretched out his hand touched him, and said: I do will it. Be cured." (Mark 1:40-41)

12. When he came across those who were sick, the Lord engaged in an immediate, direct, hands-on-ministry of healing. We are called, likewise, to touch our ailing brothers and sisters in those ways which present themselves to us in the circumstances of our daily lives, our ministries and occupations. But many fears, some irrational, play in us as individuals and as community, when we approach persons with AIDS. We need to acknowledge these fears and confront them. The first thing we need to do is learn some basic facts about AIDS.

13. We urge you to read and study the Surgeon General's Report on Acquired Immune Deficiency Syndrome published last fall by the U.S. Department of Health and Human Services. Written in "plain-English," this document provides a clear biological and medical explanation of the nature of AIDS and AIDS-Related Complex (ARC), how the disease is transmitted, and how its spread can be prevented. The Surgeon General would be the first to insist that his report is a technical medical document, not a set of moral guidelines. Like all technical studies which touch on such intimate and sacred areas as human sexuality, the report needs to be studied in a moral context. Our letter will help to provide that moral context.

14. Irrational fear should be dispelled especially by the medical judgment that one cannot become infected with the AIDS virus by casual contact. On the other hand, the Surgeon General's Report makes it clear that fear can be useful when it helps people avoid behavior that puts them at risk for AIDS. And so, avoidance of illicit use of drugs, sexual abstinence before marriage and monogamous fidelity within marriage recommend themselves as medically necessary as well as morally responsible. The recovery of the virtue of chastity may be one of the most urgent needs of contemporary society.

15. Reading the accumulated body of medical information in the light of the Gospel, we offer the following specific recommendations.

PRAYER

16. We reaffirm the role and importance of intercessory prayer and fasting in the life of the church, and encourage daily prayer for all with AIDS, for their families and loved ones. We urge parishes to include in their regular Prayer of the Faithful the needs of those affected by the AIDS epidemic, and to offer their spiritual as well as temporal assistance by prayer and fasting.

COMPANIONSHIP AND TEMPORAL ASSISTANCE

17. We acknowledge and encourage the continued efforts of individuals and groups who make themselves available in a variety of practical ways: by providing companionship, household help, transportation, economic assistance, pastoral care, family support, bereavement counseling, medical care and research, and educational outreach. These persons truly extend the hands of the community, comforting with the tenderness of the Master Healer our ailing sisters and brothers.

SPECIAL CONCERN FOR HOMOSEXUAL PERSONS[3]

18. We urge that special attention be given to those at high risk for contracting the AIDS virus. For some time in California the most obvious high risk individuals will continue to be members of the homosexual community, some of whom have been separated from the church and its spiritual life. We regret this distance, and long to heal their wounds by offering our support and fellowship. We encourage special preparation for all engaged in ministry or in service to homosexual persons in order to reduce the understandable fear and anxiety associated with AIDS/ARC. We suggest special training to make caregivers more sensitive to the needs of this group. We have learned from the generous manner in which the homosexual community has respnded by providing support services and education.

19. Those at risk for AIDS because of their use of intravenous drugs also call for our special attention. We embrace them fully as they struggle under the double burden of illness and addiction (and, if they are homosexual, often a triple burden). We offer our assistance in their infirmity as well as our confidence in the Lord's power to release them from the captivity of substance abuse.

HEALTH CARE WORKERS AND INSTITUTIONS

20. We commend Catholic hospitals for exerting leadership in developing AIDS services which provide non-judgmental and sensitive care. Since anxiety among health care workers appears to diminish as they are able to spend more extended and interactive time with AIDS patients, attention should be given to providing adequate preparation, ongoing support and education to all health providers and auxiliary workers, especially for those whose contact with patients tends to be brief or of a more technical nature.

21. Community-based support services such as hospices, home care, and volunteer help can decrease the time AIDS patients spend in the hospital. We encourage the further development of church and community resources which allow patients who so choose to receive their care and to share time with family and friends in a more familiar and dignified setting.

PREGNANT WOMEN

22. The implications of the AIDS epidemic for pregnancy and delivery are profound. It has been estimated that two-thirds of pregnancies in mothers infected with the AIDS virus may result in infection in the babies in their wombs. There is also evidence suggesting that pregnancy itself may be a risk factor for the progression of AIDS in infected women who do not yet have symptoms. These maternal and fetal considerations bring significant complexity to counseling in the area of sexual activity as well as prenatal and obstetric care, requiring ongoing collaborative research and reflection by health providers and pastoral ministers.

AIDS IN PRISONS

23. We should be aware that some people in our prisons have been infected by the AIDS virus, and that a number of them suffer from AIDS or ARC. This reality increases the need for especially sensitive pastoral care within the prison setting, and for education which can minimize prejudicial treatment and harassment, and prevent further spread of the virus. Almost half of prisoners with AIDS have died while in custody of the correctional system. This situation cries out for the development and maintenance of an AIDS hospice program in which to care for severely or terminally ill prisoners in a humane and compassionate environment.

OUR RESPONSE TO THE FAMILIES OF THOSE AFFECTED BY AIDS

24. With Mary, who held her broken son at the foot of the cross, our community grieves with the parents, partners, families and friends of those persons afflicted by AIDS. Our ailing brothers and sisters who have fallen victims to this disease are often taken from our midst in what should be their most vigorous years. Their youth makes the burden of their sickness and death even harder to bear for their families and friends.

25. The tragedy of an AIDS diagnosis may be the precipitating event by which a child becomes known to his or her family as a homosexual person or a drug user. Parents and siblings may find this difficult to accept, sometimes responding with incredulity and rejection. We are called to lend our practical, emotional, and spiritual support to such families. Our hearts must go out to those families weakened by anger or sorrow who cannot accept the reality of their loved one having AIDS. Reminding them by our ministry that human dignity comes from God, and that we believe each person is sacred — a unique reflection of God among us — we can encourage them to accept these persons with AIDS back within their embrace. Other families might find the courage and strength to provide care in their homes for those incapacitated by AIDS.

26. However families struggle to deal with the painful realities of this illness, we can aid by offering practical assistance such as shopping, cleaning and respite time, as well as our emotional and spiritual support to families and loved ones strained by illness and bereavement, and housing for those who come from other parts of the country.

FROM IRRATIONAL REACTION TO EFFECTIVE RESPONSE

27. Clearly, AIDS is a crisis of immense proportions which not only threatens individual lives, but strains the very bonds of trust upon which our common life depends. Beyond its obvious and tragic impact on the health of infected individuals, AIDS has subtly augmented our culture's pervasive sense of insecurity. Similar to the manner in which the specter of possible nuclear destruction has resulted in a heightened level of generalized anxiety, so has the arrival of this deadly virus — which threatens all sectors of the population from infants to the elderly — added to the stress of our age. And, as many other epidemics have done in the past, the AIDS phenomenon provides a focus for the projection of fears and prejudices against infected persons and those in already marginated high-risk groups. Accordingly, despite all evidence that this virus is not easily transmitted, there have been some inappropriate reactions such as attempts to bar children with AIDS from schools, eviction from housing, loss of medical and life insurance or insurability, and denial of access to medical care and emergency medical transportation. Further, there has been threatened or actual loss of employment, movements to quarantine those who are infected or who *might* be infected, physical violence, rejection by pastoral ministers, and even refusal by undertakers to bury the dead.

28. Two avenues which offer us effective means of reducing both the epidemic's spread and impact on our society are education and legislation.

29. We urge those engaged in educational ministries at all levels to cooperate with parents in developing interdisciplinary programs in conformity with the moral teaching of the Church for the prevention of further spread of the virus.

30. Schools and places of employment have been affected by fear of AIDS and its spread. Based on an understanding of the modes of transmission of the AIDS virus, medical opinion developed in concert with the National Congress of Parents and Teachers supports the safety of in-school education for childen infected with the AIDS virus. Similar data provide the basis for medical opinion regarding the safety of infected persons within the work environment. We support these guidelines and encourage teachers, school administrators and employers to familiarize themselves with this information in order to guarantee access to education and employability for people with AIDS, as well as to minimize tensions in school, office or factory which are based on a lack of information.

31. Further, we oppose irrational, inappropriate and misguided efforts to quarantine persons affected by this virus, and support the maintenance of confidentiality in order that competent professional personnel might be able to counsel and advise in a climate free of fear.

32. Finally, we advocate legislation at all governmental levels which supports research into HIV therapies and a preventative vaccine; promotes appropriate AIDS education in health and school programs directed toward the general

public and also developed especially for those in high risk groups; supports community-based and home care services; provides disability and health care coverage for persons with ARC as well as those with AIDS; guarantees rights to employment, housing, insurance, transportation and education for infected persons.

CONCLUSION

33. The griefs and anxieties of persons affected by the AIDS virus touch each of us. We experience anew our human fragility as we witness and embrace the suffering of our sisters and brothers influenced by this epidemic. In this tragedy we hear echoes of the torment of Rachel:

> A voice is heard in Ramah, lamentation and bitter weeping. Rachel is weeping for her children; she refuses to be comforted for her children, because they are not. (Jeremiah 31:15)

34. People with AIDS/ARC remind us that they are not distant unfamiliar victims to be pitied or shunned, but persons who deserve to remain within our communal consciousness and to be embraced with unconditional love.

35. We hope and pray that sooner or later this epidemic will be eliminated by the development of effective treatments and a vaccine. Until that time, we must courageously and responsibly accommodate ourselves to the reality of an epidemic, remodeling personal and institutional commitments as necessary. We dedicate ourselves and our resources to spiritual support, to practical care, and to educational efforts designed to reduce prejudice and to stop the spread of the disease. We beg the Spirit for inspiration, courage and humility as we respond to this situation, desiring that through our actions the Kingdom might come more fully into the world:

> Then the just will ask Him, 'Lord, when did we see you hungry and feed you or see you thirsty and give you drink? When did we welcome you away from home or clothe you in your nakedness? When did we visit you when you were ill or in prison?' The king will answer them: 'I assure you, as often as you did it for one of my least brothers, you did it for me.' (Matthew 24:37-40)

36. We hope this letter proves helpful to you in addressing the AIDS epidemic with faith, hope and unconditional love. Aware of its many inadequacies, we invite your critical reponse to assist us in more faithfully carrying out our pastoral mission.

END NOTES

1. *Gaudium et Spes*, the Second Vatican Council's Pastoral Constitution on the Church in the Modern World, No. 1.
2. "Decree on Pastoral Care of the Sick," National Conference of Catholic Bishops, January 28, 1983. No. 33.
3. This pastoral letter uses the term "homosexual" without prejudice to any individuals or groups or to their right to call themselves "gay men" or "lesbian women."

5 Glossary

Abstinence:
Refraining from doing something, for example, refraining from sexual activity or the use of illegal drugs

Acquired immune deficiency syndrome (AIDS):
See AIDS

Adultery:
Sexual intercourse between a married person and someone other than that person's spouse

AIDS:
Acquired immune deficiency syndrome; a disease state caused by the human immunodeficiency virus (HIV) that decreases functioning of the immune system. When immune deficient, a person is susceptible to certain severe infections and cancers.

AIDS-related complex (ARC):
See ARC

AIDS virus:
The virus that causes AIDS which is currently called the human immunodeficiency virus (HIV)

Anal Sex:
The inserting of the penis into the anus (excretory opening) of a partner, male or female. This form of sex is physically abusive and can lead to many types of infection.

Antibody:
A protein substance formed by the body's immune system in response to a foreign agent or antigen

Antigen:
Any substance which, when introduced into the body, causes production of an antibody

Antiviral:
Literally "against virus"; any drug that can destroy or weaken a virus. Some experimental antivirals are being used to treat AIDS.

ARC:
AIDS-related complex; a lesser disease response to the AIDS virus. Symptoms may include chronic, swollen glands, recurrent fevers, unexplained weight loss, chronic diarrhea, fatigue, and minor changes in the immune system. ARC may or may not develop into AIDS.

Asymptomatic carrier:
A person who has an infectious organism within the body but does not feel or show outward symptoms

Bisexual:
Having sexual partner(s) of the same sex and of the opposite sex; a person who has a sexual orientation toward persons of the same as well as the opposite sex

Body fluids:
Fluids manufactured by the body. Those fluids that are believed to transmit the HIV virus are semen, blood, and vaginal secretions.

Carrier:
A person who harbors a specific disease-carrying organism, may not have any active symptoms of the disease, but is still capable of spreading the organism to others

Casual contact:
Refers to daily interactions between HIV-infected persons and others at home, work, and school

Celibacy:
Virginity as a response to a Gospel invitation; virginity consecrated to Jesus Christ

Central nervous system (CNS):
Refers to the brain and spinal cord. The AIDS virus is believed to affect the cells of the CNS. Symptoms may include loss of motor control, headaches, dementia, hearing, speech, and vision loss.

Chaste:
Refers to a person who uses sexuality responsibly and in accordance with its purpose

Chastity:
Virtue that helps persons love unselfishly and responsibly, that regulates and humanizes sexual desires; sexual abstinence for the unmarried and exclusive heterosexual partnership for the married

Communicable:
Refers to a disease that may be transmitted from one person to another

Compassion:
Awareness of person's distress with desire to comfort and alleviate pain

Condom:
A protective sheath that fits over the erect penis

Confidential:
Refers to information that may be shared only with permission

Conjugal union:
The fullest expression of love between a husband and wife; the insertion of the man's penis into the woman's vagina

Contagious:
Easy transmission of disease-causing organism from one person to another. The AIDS virus is transmitted via blood, semen, and vaginal fluid.

Contaminated:
Infected with disease-producing germs

Diagnose:
Identify a disease by signs, symptoms, and laboratory results

Disease:
A sickness that impairs normal functioning of the body

ELISA:
Enzyme-linked immunosorbent assay (ELISA); a test used to detect HIV antibodies in the blood; sometimes call HIV antibody test

Enzyme-linked immunosorbent assay (ELISA):
See ELISA

Fatal:
Capable of causing death

Fetus:
A human being developing within the mother's uterus

Fidelity in marriage:
Being faithful to a marriage partner by having no other sexual partners

Gay:
Having sexual interest in or sexual partners of the same sex; a male homosexual

Genitals:
The external sexual or reproductive organs

Germ:
A small organic structure or cell from which a new organism may develop

Hemophilia:
A rare hereditary condition in which the blood does not clot properly

Heterosexual:
A person who has a sexual preference for someone of the opposite sex; having sexual partners of the opposite sex only

High risk behavior:
Those behaviors that increase the chance of harm to one's body including the chance of being infected by the AIDS virus. Examples of risk behavior include intravenous drug use with infected needles, anal or vaginal intercourse with multiple partners, and oral-genital or oral-anal contact with infected persons.

HIV:
Human immunodeficiency virus; the virus that causes AIDS

Homosexual:
A person who has a sexual orientation or preference for someone of the same sex; having sexual partners of the same sex only; gay or lesbian

Hospice:
A shelter or lodging for travelers, the destitute, the incurably ill, etc.

Human immunodeficiency virus (HIV):
See HIV

Illegal drugs:
Drugs obtained and used in a way that is forbidden by law

Immune:
Resistance of the body to disease-causing organisms like virus, bacteria, fungi, etc.

Immune System:
The body's defense system in which specialized cells and proteins in blood and other fluids work together against disease-producing germs and other foreign substances

Incubation period:
Refers to the time from initial infection to appearance of first symptoms of a disease. The incubation period of AIDS can be a few months to as long as ten years.

Infection:
The result of being in contact with a disease-producing germ

Intercourse:
Sexual joining of two individuals

Intravenous (IV):
See IV

IV:
Intravenous; refers to drugs injected by needle into the veins

Latency:
Period during which the virus is within the body but resting in an inactive state

Lesbian:
A female homosexual

Kaposi's sarcoma:
A rare form of cancer that persons with AIDS have more often than other people as a result of depressed immune

systems. May occur as painless, purple spots on the skin, but also occurs internally in organs.

Monogamous:
The condition or practice of having only one spouse whose relationship is full commitment and fidelity to the other

Morality:
The quality of right or wrong; rightness or wrongness; a norm for the conduct of persons

Mucous membrane:
The soft, moist skin that lines the body cavities such as the mouth, vagina, urethra, eyelids, and rectum

Myth:
An explanation not based on fact

Opportunistic infections:
A variety of diseases which occur in individuals who have depressed immune systems. These are caused by micro-organisms which do not usually cause diseases in a person with a healthy immune system.

Oral-genital sexual activity:
Contact between the mouth and genitals

Pandemic:
Widespread communicable disease that affects the entire world

Pathogen:
Any disease-producing microorganism or substance

Penis:
Male reproductive organ

Person with AIDS (PWA):
The term preferred by people diagnosed with AIDS. It is also intended to counteract the more negative term, "AIDS victim."

Pneumocystis carinii pneumonia (PCP):
The most common, life threatening opportunistic infection which affects the lungs; a frequent cause of death in persons with AIDS

Semen:
A fluid from the male which leaves the body through the penis; it contains the sperm and carries the AIDS virus if the male is infected.

Sero-positive:
Indicates presence of antibodies to a particular disease-producing organism

Sex:
As commonly understood, refers to genital activity

Sexuality:
Maleness or femaleness; the basic identity of a human person; a person's fundamental life-giving power, reflected in relationships with others and with the total environment

Sexually transmitted disease (STD):
Disease that is transmitted by sexual activities

Symptom:
A change in function or behavior that indicates sickness

Syndrome:
A set of signs and symptoms occurring together that characterize a specific disease or disorder

T-Cell:
A white blood cell that matures in the thymus gland. T4 cells are the helper cells. T8 are the suppressor cells.

Transfusion:
Donation of blood from one person to another

Transmit:
To pass from one person to another

Unconditional love:
The kind of love extended by God and modeled by Jesus in which a person is loved at all times

Unsterilized:
Contaminated with disease-producing microrganisms

Vagina:
Passageway from the female external genital folds to the uterus (womb)

Vaginal secretions:
Fluids produced by the female genitals that provide moistness and lubrication of the vagina. This body fluid may harbor the AIDS virus.

Virtue:
A habit or established capability for performing good actions; moral excellence and responsibility; conformity to a moral standard

Virus:
Submicroscopic living parasite which causes disease and reproduces only within living cells; a living organism too small to be seen by the unaided eye

EVALUATION FORM

In any new edition of this publication, what would you suggest be added, corrected, or revised? (Please identify the section of the publication to which each suggestion relates.)

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